ADDRESS

Balto. Md.

STATE OF MARYLAND

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

L DECEASED NAME

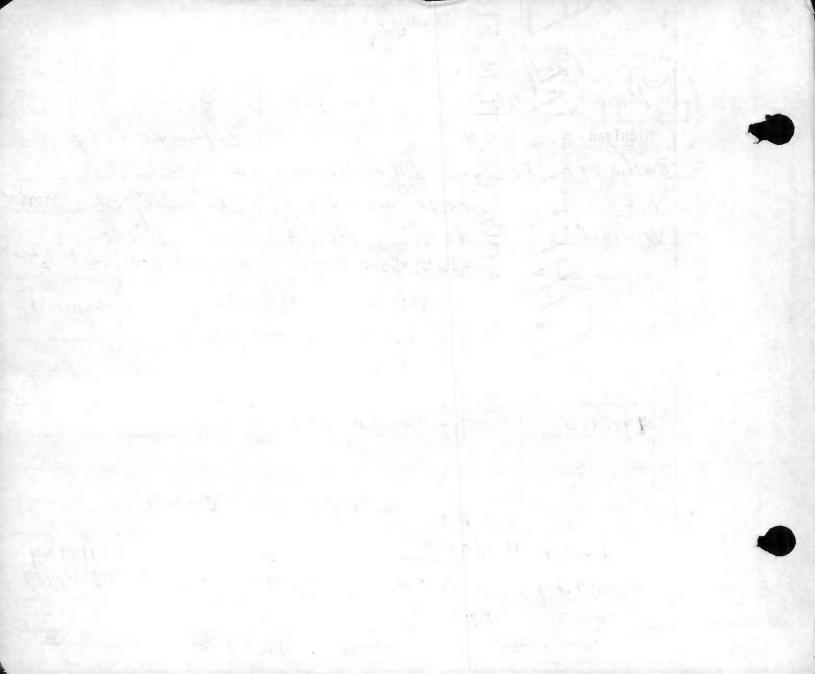
REGISTRAR

24 FUNERAL DIRECTOR

Anatomy Board

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2a DATE OF DEATH MONTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH INDUSTRY ARDEN FER 21211 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 COUNTY STATE and that In (my) (our) opinion death accurred an the date and hour and from the couses stated COUNTY



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. REGISTRAR		CERTIFICA	ALE OF DEATH	RI	EG. NO.		
DEXTE	ER L.	JA	MES	JULY		84	3:01 _M
SEX	4. RACE BLACK	5. DATE OF B MONTH 10	14, 1946	6 AGE (IN YEARS)	YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
76. BIRTHPLACE ISTATE ORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN	MARRIED L WIDOWED	NEVER MARRIED X	BALT		CITY	MD.
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USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COULT		more Y	ES X NO	St. Bal	ress / zip code	1719 N. Marylan	Bentalou d 21216
14. FATHER'S NAME FIRST Warren	MIDDLE (AS	1.7	MOTHER'S MAIDEN NAM	MI	DDLE	Jam	es
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST		INFORMANT		Bentalo	land 2	t 1216
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27a I certify that (I) (this base sow the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	OR PRINT) Out of the deceased	19 <u>84</u> ond t	19.84 hot in (my) (our) opinion di GREE D ATTENDING PHYSICIAN R ADDRESS THH, NOrth	MEDICAL DIRECTOR = F	STAFF PHYSICIAN PARTIES Broad		
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	7/14/1984		etery or crematory	23d LOCATIO CITY OR TO Baltin	NWC	COUNTY	ryland

DHMH - 16 50M 4/83 (VRA 15, 4)

ORTANT

Nutter & Sons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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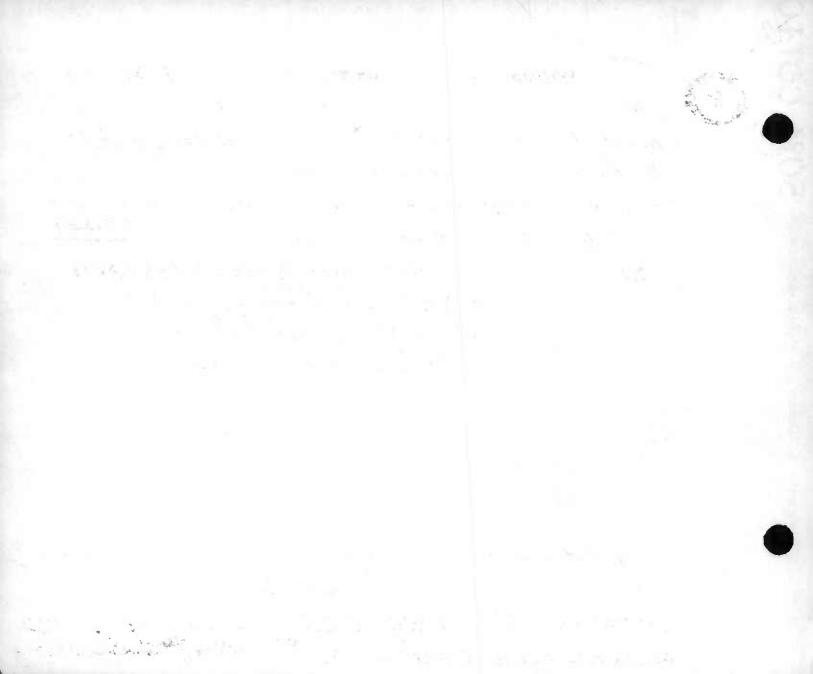
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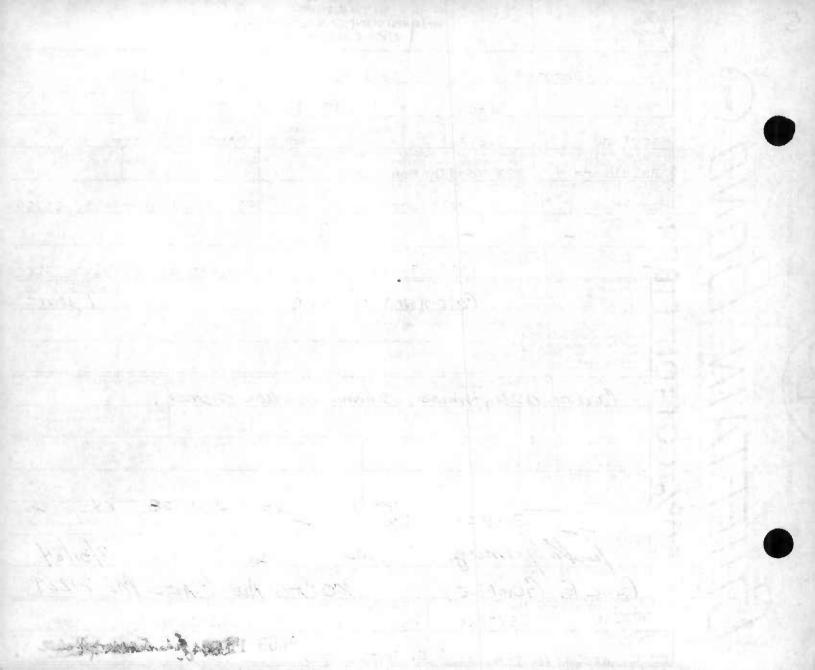
IMPORTANT: If Hem 21 is marked or Hem 18 shows any

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	-	G. NO.	3	
DLE	LAST	2a. DATE OF DEA	TH MONTH	DAY	Т
	James JR		.7	29	

	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL ICATE OF DEATH	L HYGIENE	8 FEG. NO.	,	, ,	
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	14 FA	ATHER'S NAME FIRST William	MIDDLE LAST	mes	15 MOTHER'S MAIDE FIRST MAR		WIDDLE	G	EIS.	EN
1				SECURITY NO.	17 INFORMANT		ADDRESS	S		
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		cause (a), stating the underlying cause last	OUE TO, OR AS A COPYE	rella	e arry	thy	mas			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CONDI	TION GIVEN	IN PART 1:0	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED			206. IF YES, V IN CERTIFYIN YES [IG CAUSES	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY	IN IIEM 18 PART	I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM_ETC.)	211. LOCATION STREET		CITY OR TOWN	7	COUNTY	STATE
		sow the deceased alive a	pital) attended the deceased from		nd that in (my) (our) op	pinion death			nd from the	
		22b. SIGNATURE Robert 7	1. Mass			ING ME	DICAL STAFF ECTOR PHYSICIA	M K	7/2	SIGNED
		Robert 6.			South	Bala	finois 6	Caner	//	40spit-1
		BURIAL, CREMATION, REMOVA	1 236. DATE		EMETERY OR CREMAT	ORY 23	LOCATION SITY OF TOWN	DÁ	944	NST IE

DHMH - 16 50M 4/83 (VRA 15, 4)





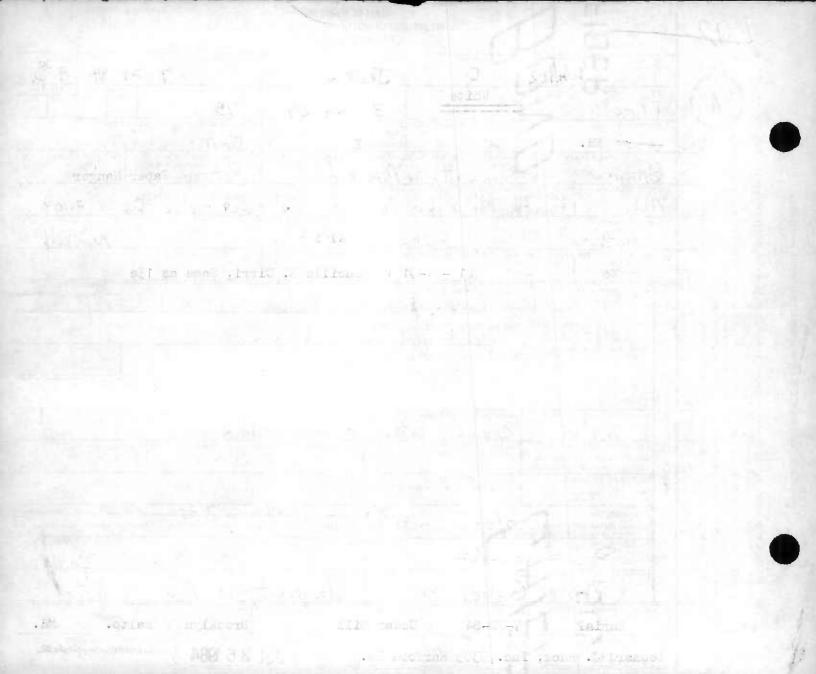
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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8728 Liberty Road Randallstown, Maryland 21133

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

20. DATE OF DEATH MONTH

DAY

IF UNDER I YEAR

2b HOUR

12b. KIND OF BUSINESS OF Self-Employeed

LAST

7:45P M

IF LINDER 24 HRS

21133

21133

STATE

22c. DATE SIGNED

Baltimore Maryland

Maryland

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATE OF DEATH

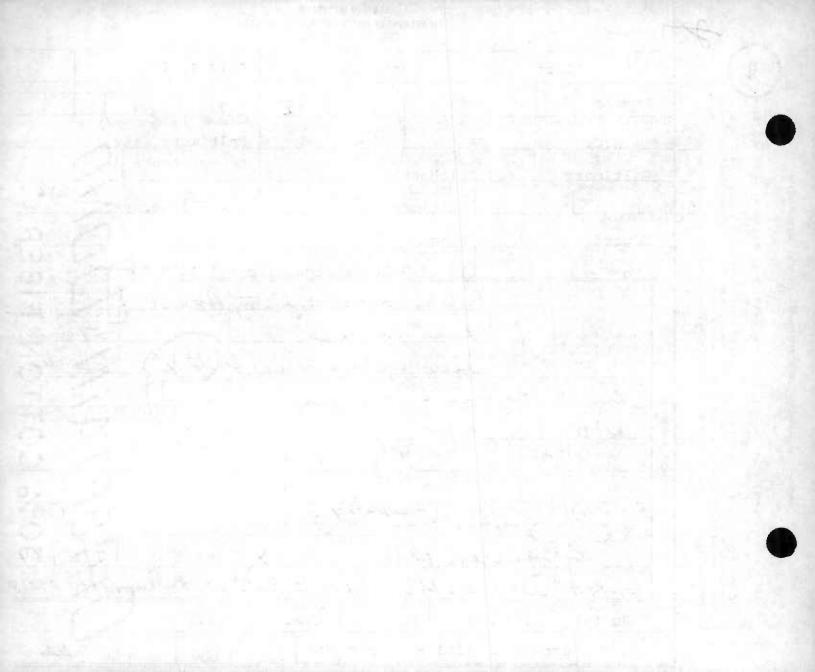
DHMH - 16 50M 4/83

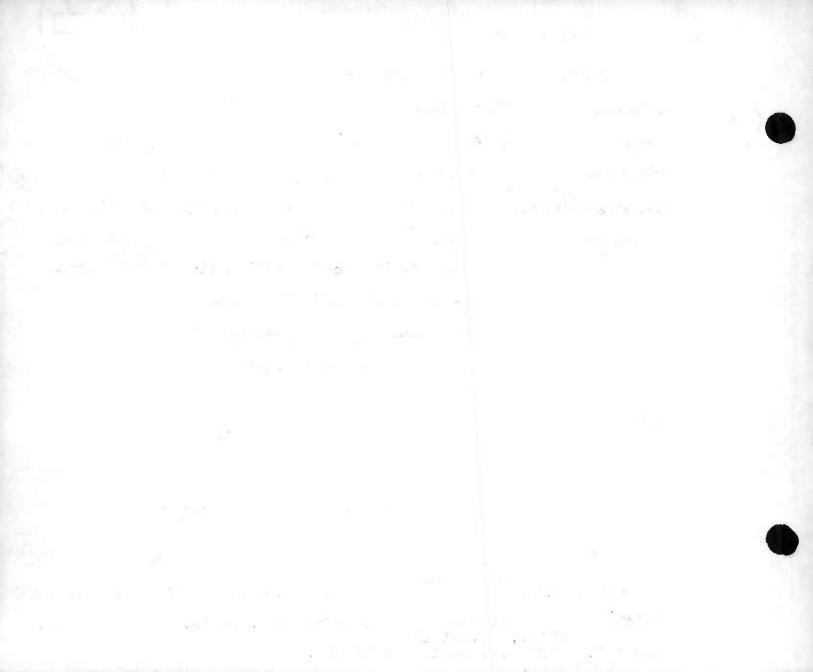
(VRA 15, 4)

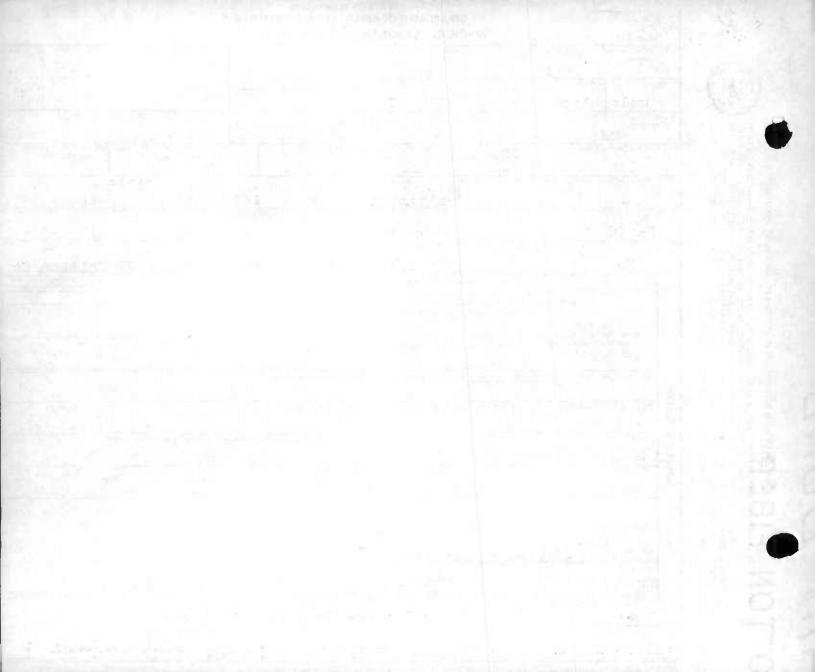
FOR - STATE

REGISTRAR DECEASED NAME

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- STATE

1. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO. LAST 20 DATE OF DEATH MONTH 26 HOUR July 20, 1984 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore city 12b. KIND OF BUSINESS OR 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Retired 13e STREET ADDRESS / ZIP CODE 3523 Chestnut Avenue 21211 Goznell ADDRESS Doris Loats-3523 Chestnut Ave. 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1-2-500 UIT. 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN , and that in (my) (our) opinion death occurred on the date and have and from the causes stated 221 DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN E. JOPPA Rd CITY OR TOWN STATE Baltimore, Md. Greenmont Cemetery 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURS A. Alan Seitz Funeral Home 3818 Roland Ave.

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should be detached for use as the burial-transit permit. Then please remove cabon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPOSTANT If Hem 21 is marked to

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending

injury, or other troumotic event, the

executed within 24 hours ofter

The law requires that the death certificate be

ATTENDING

TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) 27e I certify that (I) (this haspital) attended the deceased from above, (I) (we) (did (did not) new theybody after death) 27e I certify that (I) (this haspital) attended the deceased from above, (I) (we) (did (did not) new theybody after death) 27e SIGNATURE 27e ADDRESS 27d. PHYSICIAN'S NAME TRUE OR PRINT) 27d. PHYSICIAN'S NAME TRUE OR PRINTS 27d.	7	ATIC	19s DATE OF OP	FRATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMFD	20a AUTO	PSY?	1206 IF	YES. WER	E FINDIN	IGS USF	D
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT YEAR [IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY [AT HOME. STREET. FACTORY, OFFICE FARM ETC.] 21d. LOCATION STREET CITY OF TOWN COUNTY STATE DEGREE ATTENDING MEDICAT STAFF PHYSICIAN 21d. PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. ADDRESS 23d. BURIAN, CREMATION, REMOVAL 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY 33d. LOCATION COUNTY STAFF PHYSICIAN COUNTY STAFF COUNTY COUNTY STAFF COUNTY C	۶I	IFIC									477	IN CE		CAUSES		
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270 certify that (l) (this haspital) attended the deceased fram 19 3 to 7 3 19 that (l) (we) last saw the deceased alive an above, (l) (we) (did) (did native with abody after death DEGREE 272 SIGNATURE DEGREE 272 DATE SIGNED 273 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE STATE COUNTY STATE STATE CITY OR TOWN CITY OR TOWN COUNTY STATE 24 FUNERAL DIRECTOR 263 S. COUNTY COUNTY 24 FUNERAL DIRECTOR 263 S. COUNTY COUNTY 25		ME					ARM ETC)	STREET			CITY OF TO	J WN	C	YINUC		STATE
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TO CHAMIL MY	-	24 FL	INERAL DIRECTO	R 263	STECO	กโรโลกตา	Street	212	24 250 DAI	E REC'D BY RE	GISTRAR	_		SIGNAT	URE	
Joseph N. Funeral Home, Inc. JUL 5 184 Julia Savidson Randall		JA	sepp. N						JU	L5	PRA	Suhi	Davi.	home	Renda	00

Funeral Home, Inc.

DHMH - 16 50M 4/83 (VRA 15, 4)

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

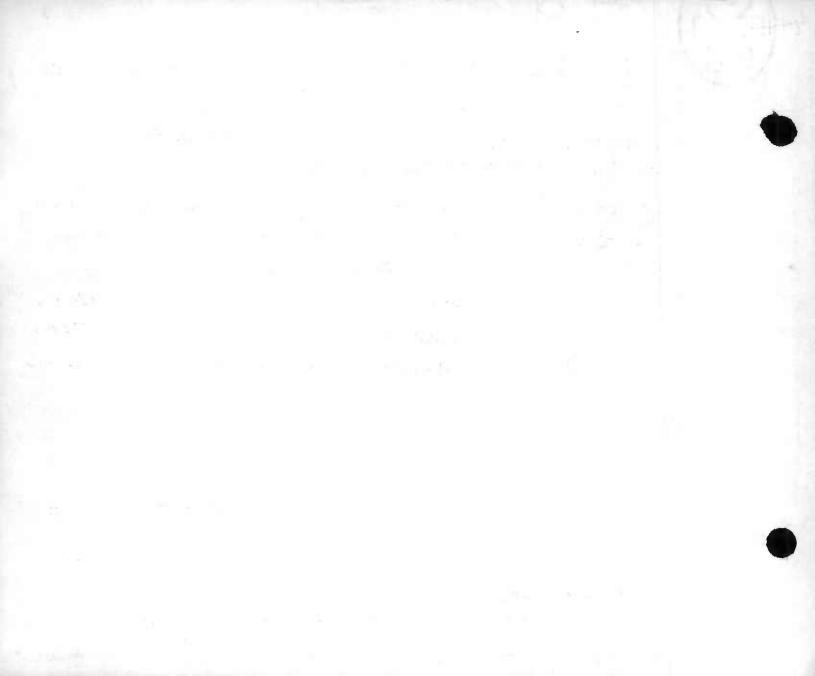
7	1 -	STATE REGISTRAR			CERTIFI	CATE OF DEA	TH	REG. N	0.			
- 1			IRST	MIDDLE	LA	\ST		2a DATE OF DEATH	HIMOM	DAY YEAR	26 HOL	JR
	LOUIS		R.		JONE	ES		Ju	LY	11 1984	1 7:5	51 Pm
	3 SEX	(4 RACE		5. DATE O			6 AGE (IN YEARS LAST BE	THDAT	# UNDER I YEAR		R 24 HRS
	/	Male		Black	7 MONTH	8 19	924	60	YRS	MONTHS DATS	HOURS	MIN.
		RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MAR	DIED [9 BALTIMORE CITY		Y OF DEATH		
7/1		aryland	U.	S. A.	WIDOWE		CED	BALTIMORE	CIT	Y		MD.
1,1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITU	TION	12a USUAL OCCUPAT	ION		OF BUSIN	ESS OR
19	BA	LTIMORE		MEMORIAL		TAL		Chauffeu	r	Priva	ate F	amily
15		AL RESIDENCE OF NURSING	HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY I	LIMITS?	13e.STREET ADDRESS	/ ZIP COD	2124 N	Ful	ton
10		aryland		Baltimo				Ave. Balt	imore	, Mary	land	21210
11/	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MA		AE MIDDLE			AST	
X		Francis	E.	Jones		Ella		mode		Brow		
7		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		4800°	Yello	wwood A	venu	e 1
	,	No.	F TES, OTTE WAR ON DATES	216-14-0	778	Louise V	Willia	ams Balti	more,	Md. 2	1209	Apt.
X	CERTIFICATION	Conditions, if ony, will gove rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI 19a DATE OF OREKATION 21a, ACKIDENT WAS UNDERL	hich liste DUE TO, O LO L	ominal ITION FOR WHICH	INCE OF CHA	· Only	THE TERMI	NAL DISEASE OR CON 200 AUTOPSY? YES NO NO	206 IF YE	VEN IN PART 1 S, WERE FIND FYING CAUSE ES PART OR PART 2)	INGS USE	TH?
1	MEDICAL	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL IS 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a certify that (1) (this	EXAMINER) P. 21e. PLACE (AT HOME STI	M. OF INJURY REET, FACTORY, OFFICE F	19 ARM ETC)	211 LOCATION STREET	. 19	CITY OF IC	wx //	COUNTY	that (b) (TAIE (we) lost
7			olive on 7 (did not) view the body	1	r	DEGREE	NDING SICIAN	MEDICAL STA	FF			tated
		BURIAL, CREMATION, REA		23c h	NAME OF CE	METERY OR CRE	4	23d LOCATION	NW	11111	7776	-1'4
		SPECIFY) Burial				Memorial		CITY OR TOWN	Balti	more, I	Marvl	and
	24 24	Atter & Sons		wynns Fal				REC'D BY REGISTRAF				
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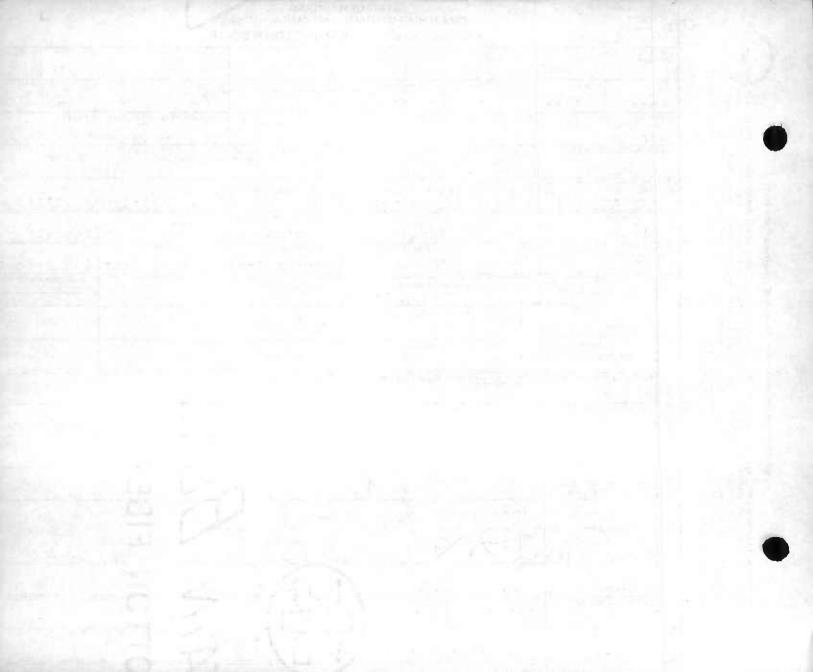
eidle z z z litia Libinore Olky John John Convelerent Unr. Convelerent The state of the s and mil 212221_3459 Bolum D. Lay- unsingtown, 14. 20539 .bg .iss, nyosulamni (B23) la na lation - in/3/6 Market and the country of the countr

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TX (TYPE OR PRINT) OF ESTI-DEATH MATED ROBERT JONES ames 4 RACE 6 AGE (IN YEARS 24 HOUR DATE OF IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH PRONOUNCED 9AM White Male To BIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland WIDOWED XX DIVORCED CITY OF TOWN OF DEATH 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS YES □ NO 🔯 116 Brooklyn (ircle Hopemil MIDDLE Marie ones **ADDRESS** Evelyn Jones 215 N. Lakewood Ave. 21224 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest and gunshot wound of chest and abdomen Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTMENT OF HE TOR TO BURIAL, YES X NO 1 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) subject shot UNDERLYING CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY 2200 E. Biddle Stan Baltimore, Maryland STREET FACTORY FARM, ETC.) WHILE AT WORK 228 I certify that I took charge of the remains described above, held on and in my opinion TITLE (SPECIFY) 7-12-84 Assistant DATE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME 23a. BURIAL, CREMATION, REMOVAL 23b. DATE emeteru BP. harles S. Zeiler & Son Inc. 6224 Eastern Ave.

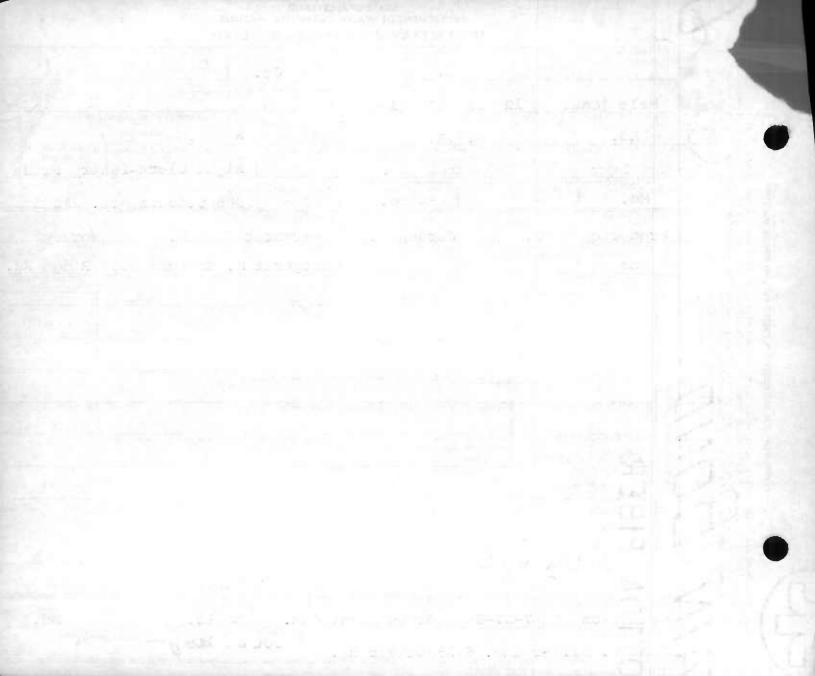
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	REGISTRAR CEASED NAME FIRST		MIDDLE	S CERTIFICATE OF		REG. NO.	DAY YEAR 26 HOUR
	E OR PRINT)				20. DATE KN OF I DEATH M	-511-	
3. SEX	SHIRI I4 RACE	IFY A	nn 6. AGE (IN YEARS 1	JONES FUNDER 1 YR. IF UNDER 2		MONTH MONTH	10 19 84 M
		MONTH DAY	YEAR LAST BIRTHDAY) A	ONTHS DAYS HOURS	MIN PRONOUNCE	D	12.22
	emale Black	4 3	61 24 YRS.		DEAD	7 RECITY OR COUN	TO 1904 DW
FO	REIGN COUNTRY)		M.	ARRIED NEVER MARRIE	D &	CE CITT OK COOK	IT OF DEATH
	aryland TY OR TOWN OF DEATH	U.S.A	TAL NURSING HOME, OR	OWED DIVORCE	Baltin	ore City	MD. 12b. KIND OF BUSINESS
/	Baltimore	647 N.	Bentalou St.	OTHER INSTITUTION	FOR MOST OF WORKIN		OR INDUSTRY
USUA 13a. ST	L RESIDENCE (IF IN NURSING HOME OF		RESIDENCE BÉFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS		
M	aryland		Baltimore	YES X NO			st.21216
14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDER	N NAME MIDD	LE	LAST
1	Alpheus		Jones	Martha			Fitzerald
16a. W	AS DECEASED EVER IN U.S. ARN		166 SOCIAL SECURITY NO	17. INFORMANT		ADDRESS	
	NO		218-76-246	Martha J	ones 647	N. Bent	talou Stree
	18 CAUSE OF DEATH (Enter only	y ane cause per line fo					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (o)	Down's Synd	come			
		DUE TO, OR A	S A CONSEQUENCE OF				
	Canditions, if ony, which gove rise to immediate	(b)					
	couse (a) stoting the <u>under</u> - lying cause lost.	DUE TO, OR A	S A CONSEQUENCE OF				
	Tyring Coose Toss.	(c)					
Z	PART 2 OTHER SIGNIFICANT CONDITIONS C						
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED?			Head Only
TIFI							YES NO
CER	210 EXTERNAL CAUSE WAS	21b. TIME OF II HOUR A.M.	MONTH DAY YEAR	HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	IN ITEM 18 PART I OR PA	RT 2)
CAL	UNDERLYING OR CONTRIBUTING CAUSE OF D		19			57	
WED	214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF STREET, FACTOR		LOCATION	CITY OR TOWN	co	UNTY STATE
-	AT WORK AT WORK					The second	
	22a I certify that I taak charge	e of the remoins descr		ad Only Inspection	. Inquiry], and in my op	oinian
		[17]	ccident . Suicide	Hamicide .	Undetermined mann		100
	Ma	(20	XX	TITLE (SPECIFY)			
	ACTUAL / VV	4/1/		M.D. Assistant	MEDICAL FYAMIN	DATE SIGNE	7-10-84
		0				3,0146	
	EXAMINER'S NAME (TYPE OR PRINT) Ann	M. Dixon,	M.D.	ADDRESS 111 Pe	enn St., Ba	ilto., Md.	. 21201
23a.BL	IRIAL, CREMATION, REMOVAL 23	7/16/84	23c. NAME OF CEMETER		236 LOCATION		
	INERAL DIRECTOR	7/10/04	Albutus		C'D BY REGISTRAR	SWALC TO THE	
	NAME	ADDRESS		1 1111	1 2 1984	WALL TO THE S	HGY ATHEROL
Wm	C March F/H	Inc. 110	1 E North	Avenue OCL			



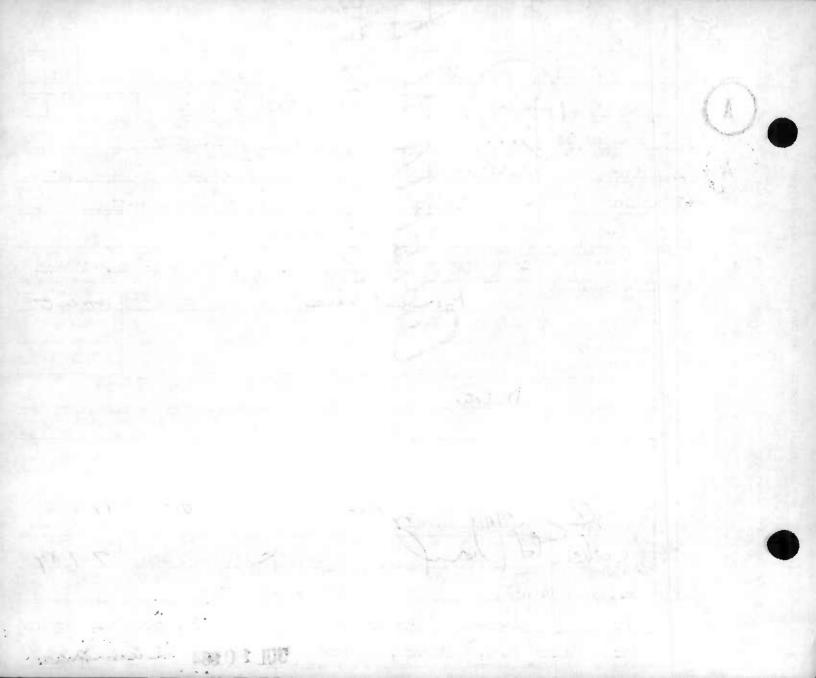
1	FOR			DEPARTMENT (OF HEALT	H AND MENTAL F	YGIENE	6.1	Ö	/ 0	1
0 1	- STATE REGISTRA	R	ME	DICAL EXAM	INER'S	CERTIFICATE C	F DEAT	H REG. N	0.		
	DECEASED N	AME FIRST		MIDDLE		LÁST	20	DATE KNOWN	MONTH	DAY YEAR	26 HOL
, ,	TYPE OR PRINT)	ਰਵਰਜ਼	ERICK	Т.		JORDAN Jr		OF ESTI-	2 7	17 19 84	
3. 5	EX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS IF U	NDER TYR. IF UNDER			MONTH	DAY YEAR	2d HOU
5	Male	Can	12 2]		YRS.	THS DAYS HOURS	MIN P	RONOUNCED DE AD	7	23 19 84	8a
10	BIRTHPLACE	Cau.		HAT COUNTRY?	8		9	BALTIMORE CITY	OR COUN'		Toa
1	FOREIGN COUN Md	(RY)			MARE	RIED NEVER MARR		Baltimore	City	7	
110		WN OF DEATH	II NAME OF HO	S.A.				LOCCUPATION (TY			JSINESS
			LIF NOT IN SUCH !	ACILITY GIVE STREET ADDR	ESS)		FOR MC	OST OF WORKING LIFE)		OR INDUST	RY
US	Baltir		OR OTHER INSTITUTION O	edonia Ave	MISSIONI		MTG	ght Cler	K-Pai	ntry Pr	ride
5 13a	Md.	136 COU	NTY	13c. CITY OR TOW Balto	/N	13d INSIDE CITY LIMITS? YES X NO		Cedonia	a Ave	e. 2120)6
14	FATHER'S N.	AME	MIDDLE	LAST		15. MOTHER'S MAIDI	NAME	MIDDLE		LAST	
X	Frede	rick	T.	Jordan	Sr.	Margar	et	Μ.		Worley	7
160	WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRES	S	*	
	no	(11 123, 311	t war or or or its			Margare	t M.	Rachuba	6600	Ridge	Rd.
	T8. CAUS	E OF DEATH (Enter o	inly ane cause per lin	ie far (a), (b), and (c).)					APPROXIMATE BETWEEN ONSE	E INTERVAL
		I DEATH WAS CAUS	ED BY.	Alcoholism						BE I WEEN ONSE	I AND DEAT
		IMMEDIA		R AS A CONSEQUEN	CE OF						
NO.	Cana	litians, if any, which	1								
	gave	rise ta immediat	re / (b)								
		e (a) stating the <u>under</u> cause last.	DUE TO, O	R AS A CONSEQUEN	CE OF						
d-	7		(c)								
3		ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEA	SE DR CONDITION GIVEN IN PA	RT 1 to L				
1	19a. DATE	OF OPERATION	19b. COND	ITION FOR WHICH C	PERATION V	WAS PERFORMED?		·		28 AUTOPSY	?
1 8										YES 🔀	NO 🗆
4 5	710 FXTE	RNAL CAUSE WAS	2Th TIME C	OF INJURY	21c H	IOW INJURY OCCURRE	D (ENTER NA	TURE OF IN IURY IN ITEM 15	PART LOR PA		NOL
1 Single	UNDERLY	ING OR		M. MONTH DAY	/EAR	o occonn	,_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**	
3	CONTRIE	UTING [] CAUSE OF		M. 19 OF INJURY (AT HOM		DCATION					
1	WHILE	NOT WHILE		CTORY, FARM, ETC.)		STREET		CITY OR TOWN	СО	YTAU	STATE
4	AT WOR	K AT WORK									
1	220.1	certify that I taak cha	rae af the remains di	escribed abave, held o	n Auto	psy X Inspection	n []:	Inquiry . a	nd in my ap	pinian	
			ural causes X,	Accident .	Suicide	, Hamicide .		mined manner	, , ,		
	deamire	A NOTE OF THE PROPERTY OF THE	ordi caoses [,	Accident L	Joicide L		Olidelei	mined manner			
	ACTUAL	MILL) m			TITLE (SPECIFY)			DATE	7 22	0.4
7	SIGNATI	ME IV	NY		/	w.D. Assistan	TMEDIC	CALEXAMINER	SIGNE	7-23-	-84
2	EXAMINE (TYPE OR	R'S NAME Ann	M./Dixon	, M.D.		ADDRESS 111 P	enn S	t., Balto	., Md	. 21201	L
230	BURIAL, CRE	MATION, REMOVAL			CEMETERY	OR CREMATORY	23d. LOC	ATION	COU	NTY S	TATE
	Crema		7-27-84	4 Green	n Mou	nt Cem.	Ba.	lto.		Mo	d.
24	FUNERAL D	IRECTOR	ADDRE:			25a. DATE	REC'D. BX	REGISTRAR 25b. REG	ISTRAR'S S	SIGNATIVENDAL	2.
		C. Mille		6415 Bela	air R	d. 30	L 4 1.	104 g			-
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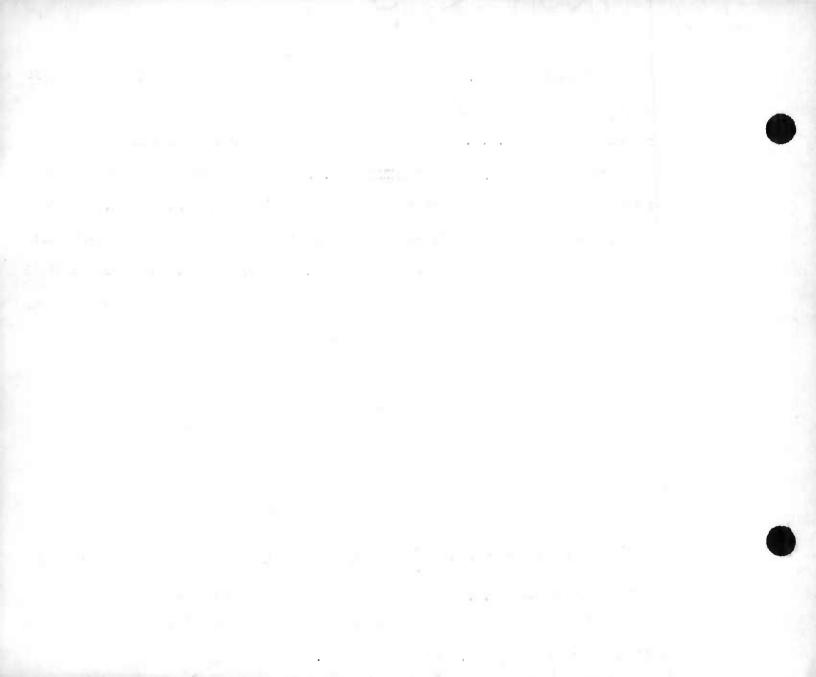
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.				
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF D		ONTH DA	AY YEAR	26 HOUR	P
	,,,,,	WILL	IAM		JUDY			July	6	1984		1:00	W
	3. SE	X		4. RACE			OF BIRTH	6. AGE (IN YEA	RS LAST BIRTH		FUNDER I YEAR		HR5
		Male		White		Au	igust 15, 1905			YRS		HOURS	MIN
7	70 BIRTHPLACE (STATE ON FOREIGN COUNTRY) South Carolina			76. CITIZEN OF	WHAT COUNTRY?	MARRIE	ED NEVER MARRIED	9 BALTIMORE Baltin		OF DEATH			
-	10 CITY OR TOWN OF DEATH Baltimore				HOSPITAL, NURSIN	WIDOW NG HOME	DIVORCED OR OTHER INSTITUTION	120 USUAL OC	CCUPATIO	N	12b. KIND OF BUSINESS O		
0				3417 Hickory Avenue				(TYPE OF WORK F	_	WORKING LIFE)		Textile Mill	
5	13a S	AL RESIDENCE (IF NUR STATE ITYLABING	136 COUP		GIVE RESIDENCE BEFOR 13, CITY OR TOW Baltimore	/N		13e STREET AG 3417 Hi	ckory	Avenue	21211		
		THER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE		LAS	s.T	
) Jo	hn 'Judy					Saphronie	Brins			10.	31	
	16a V	VAS DECEASED EVER VES NO OR UNKNOWN)		MED FORCES?	249 01 6		Ronald L. J	udy, 51	ADDRES 11 Ro		Rd. Mi	llers	, M
		18 CAUSE OF DEAT			line for (a), (b), an	d ic .					APPROX BETWEEN	IMATE INTERVA	ATH
		PART I. DEATH V		D BY. TE CAUSE (0)	Myocace	eleal	Intercha				IMPL		_
					R AS A CONSEOU	ENCE OF				12			100
		Conditions, if ony	, which	(b)	N A3 A CON3COO	LINCE OI					C-10-		
		gove rise to im		DUETO	r as a conseou	ENICE OF							
		underlying couse		(6)	R AS A CONSECU	ENCEOF							
		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE (OR CONDI	TION GIVE	N IN PART I	0	=
	NO			Diala	tes								
7	CAT	190 DATE OF OPERA	TION	1% COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOP			WERE FINDI		
	Ē							YES 🗆	NO	YES	ING CAUSES	NO T	
1	CERTIFICATION	210 ACCIDENT WAS UN	-	216. TIME O	FINJURY M. MONTH D	AV VEAS	21c HOW INJURY OCCURE	RED (ENTERNATU	RE OF INJURY	IN ITEM 18 PAR	et i OR PART 2)		
1		OR CONTRIBUTING		1111		AT TEAK							
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION		CITY OR TOW		COUNTY	STAT	
	×	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OFFICE	ARM, ETC)	2 INEE I		CITY OR TOWN	4	COUNT	SIAI	E
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		Dr. Richa	nd Dian	pmd			3547 Chestmut	: Avenue					
		SURTAL, CREMATION,			23c. 1	NAME OF C	CEMETERY OR CREMATORY	23d. LOCAT					=
	(Burial		07-09-	84 T.i	nebor	co Union Cem		oro.C	arrol	1 Co.	Maryl	and
	24 FL	JNERAL DIRECTOR					25a. DAT		GISTRAR 25		AR'S SIGNAT	URE	
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DIVISION OF VITAL RECORDS,



Wm C March F/H Inc. 1101 E North Avenue

FOR

- STATE

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

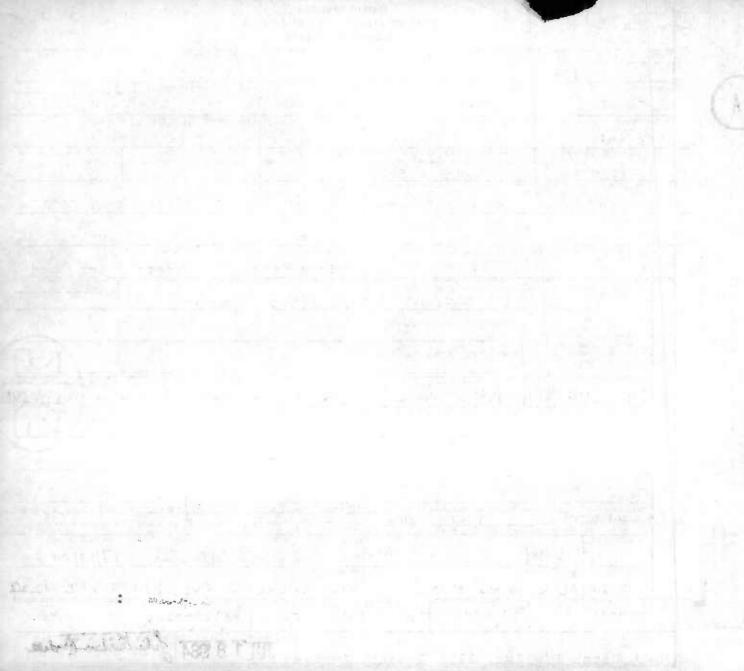
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IF UNDER 24 HRS



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		STATE	DEPARTM		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 4	British	8 /	6 6		
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.				
		CEASED NAME FIRST	MIDDLE	U.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
	[1177]	Ronald	Michael	chael KFICh			7 10 84 82				
	3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		FUNDER TYEAR IF UNDER 24 HRS			
100 3	1	Male	2 W	MONTH (9	Z7 36	4	8 YRS.	DAVS	MIN,		
15			76 CITIZEN OF WHAT COUNTRY?	8.	KNEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH			
90.		Md.	U. S. A.	WIDOWE		Beltin	we	Cit	MD.		
10	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS OR		
	3	altimore	South Ball	MACCAN (SACE)	+ Huspitel	Salesman-			n		
177	U5UA 13a, S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e STREET ADDRESS	71P CODE				
20	130. 5	130 0001	timere cly	`	YES AND	2908 V		ew Ve	U Z1230		
201	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		11			
W		Raymond	Kelch		Gentruc	le mobile	-0.000	P Ja	wis .		
1		VAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT Carol	e C. Kelen	ss 2908	Mallv:	iew Rd. #3		
/	(1)	res, no or unknown) (IF Yes, GIVI	EWAR OR DATES	0105	defree	उठ्या निव	worder	-26-	Bett.		
		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and	dici-				BETWEEN	MATE INTERVAL		
		PART I. DEATH WAS CAUSEI	ECAUSE (0) Cardo	pelu	many a	west					
210			DUE TO, OR AS A CONSEQUE	NCE OF							
		Conditions, if ony, which (b) arrhythmas									
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	S A CONSEQUENCE OF							
5		underlying cause last	(c) my «c	ry cardel warton							
	_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART To) '		
	ERTIFICATION										
4	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES			
1	RTIF				-	YES NO	YES		NO 🗌		
13	0	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHT A MA MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	I OR PART 2)			
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19							
	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		AT WORK NOT WHILE AT WORK									
			tol) attended the deceased from _		0 84 19	, 10	54 19		that (I) (we) last		
7		saw the deceased alive on above (1) (we) (did) (did no	ts view the body after death.		nd that in (my) (our) opinion o	death accurred on the do	ote and hour a				
<u> </u>		22h. SIGNATURE	\/_		DEGREE	MEDICAL STAI		22c DATE	SIGNED		
			7-1	-~	PHYSICIAN [DIRECTOR PHYSIC		1+1.	10/84		
		224 PHYSICIAN'S NAME (TYPE O			22e ADDRESS		0 /	20			
	i	David (er ree		13001 Han	wer St	1501	Morne	re		

23E NAME OF CEMETERY OR CREMATORY

Crestlawn Cemetery

3512 Frederick Ave Balto, Md. 21249 23d LOCATION

Howard

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

G. Traman

23b. DATE

Schwab

7-13-84

TO FUNERAL DIRECTOR: After this

OR ATTENDING

HOSPITAL

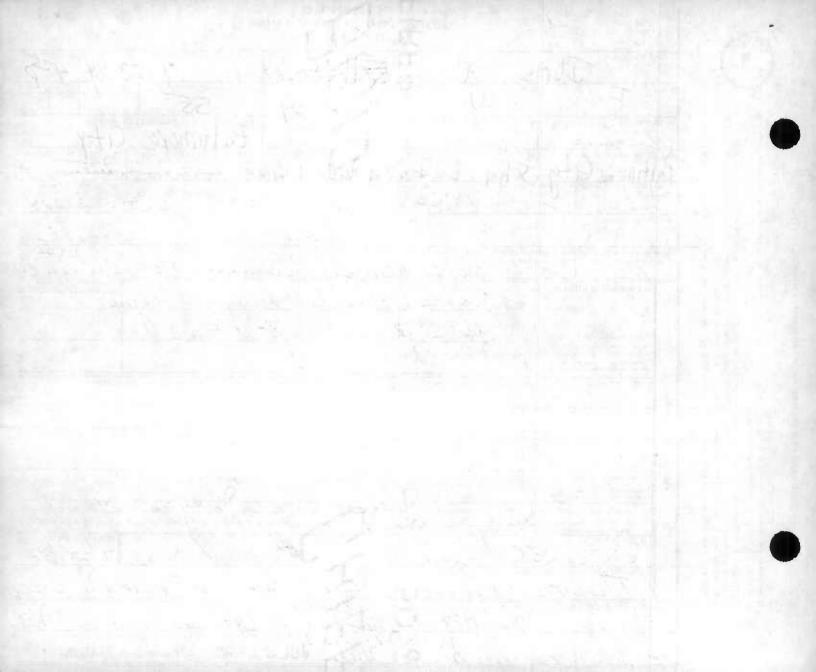
should be detached for use as the burial-transit permit. Then please remaye corbonapage with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal.



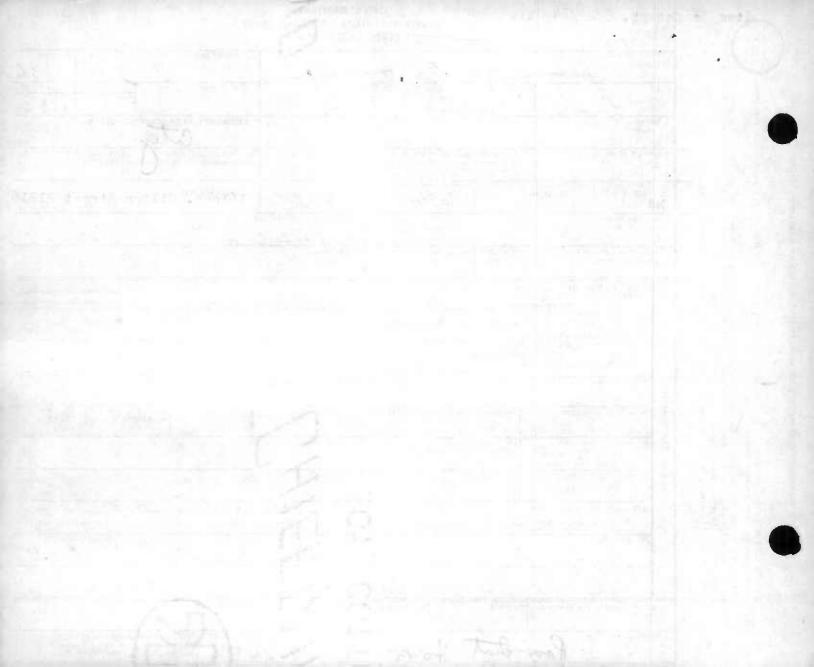
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Jens Ford Ealton, No. 21212

3	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 1 8 / 6 8 CERTIFICATE OF DEATH
$\begin{pmatrix} B \end{pmatrix}$		CEASED NAME TOTAL	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR TO HOUR RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)
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A houn offer of be find only the	16	A BESIDENCE IS MIRES OF HIS COUNTY	
completely fill is 1 and 2 show			D FORCES? IM. SOCIAL SECURITY NO 17, INFORMANT ADDRESS 21230
cote be executed within 24 hours bycon and completely filled in by open. Pages I and 2 should be fill wol. It, the medical experimentals be in it, the medical experimentals be in the medical experimentals.	_	III. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	100 22-1661 Jack Simmerner 1704 Llaimen Con
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N: The law requires hysicion. icate has been signe constituents. Then Hygiene prior to but 18 shows ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
HYSICIA nding pl his certif burial-t I Mental ar Item	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. IN JURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) STREET STATE
R ATTEND hospital or NECTONS: A hed for use ppt. of Head tem 21 is m		278. 1 certify that (1) (this haspital) saw the deceased alive an above, (1) (we) (did) (did not) v 27b. SIGN ATURE	ich the body after death. DEGREE 120. DAJE SIGNED
TO HOSPITAL O efforced by the TO FUNERAL D should be defoct with the Stote D IMPORTANT: If it		224 PHYSICIAN'S NAME (TYPE OR PR	1 (N. KEED 6115. CHAS, ST. BACTO, Ma 21231
BP		BURIAL, CREMATION, REMOVAL SPECERY UNERAL DIRECTOR NAME	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION BIT OR TOWN COUNTY COU
(VRA 15, 4)	Ne	an f. (Orwar)	Son Dec 90, Wellow AL 2 1 June Davidson-Randelle "

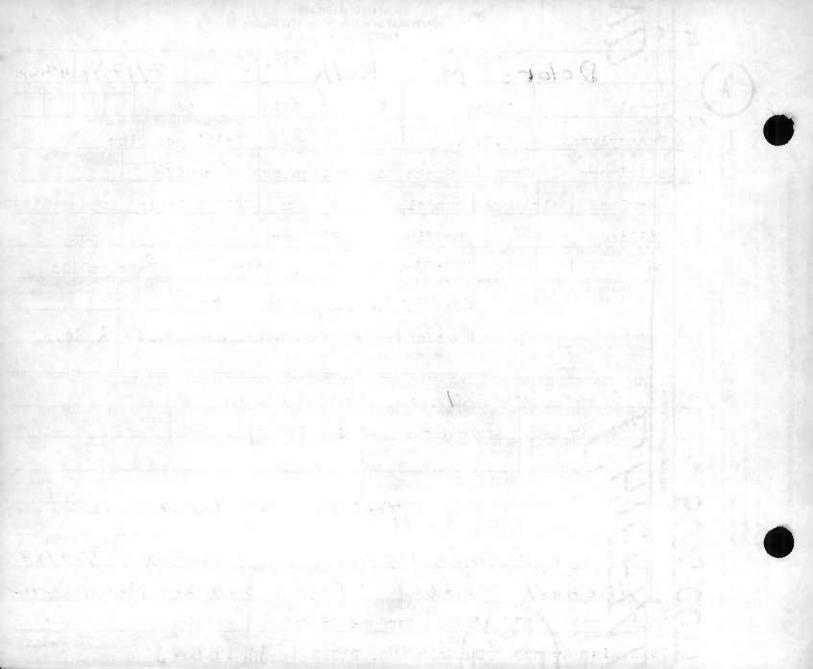


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ctor, page		3. SE	France	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
s ofter death. Pag by the funeral dire- iled within 72 hours	99		Maryland	USA 11. NAME OF HOSPITAL, NU (IENOI NUCLEACULITY, GIVE S	MARRIE WIDOWE RSING HOME O TREET ADDRESS)	NEVER MARRIED XX	9. BALTIMORE CITY OR COUNTY 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	OF DEATH MI 126 KIND OF BUSINESS OF
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Dundalk, MD. 21222

(VRA 15, 4)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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TO FUNETAL DIRECTOR: After the conficuent has the should be detached for use as the conditional from continuous with the State Dept of Health and Mental Higher principle.

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE Ö 🥞	0.	0 /	/ 4	
		CEASED NAME FIRST	M	IDDLE	i	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
	TITPE	PIERI	RE	P.	KTEL	-1.	JULY 12.	1984		7:4500	
	3. SE)		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	0	Male	Whit	e	Nov.	0	78	YRS		Mile.	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	B. MARRIE	D NEVER MARRIED X	9. BALTIMORE CITY	R COUNTY	OF DEATH		
	-	Maryland	U.S.	Α.	WIDOWE	D DIVORCED	Baltimo	ore Ci	ity,	MD.	
A	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR	
	1	Baltimore		ch Hos			Clerk		Fina	ance	
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY	Baltime Baltime	'N	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 4210 Las	ZIP CODE	Ave.	21206	
10	14 FA	THER'S NAME Charles	MIDDLE	Kie.	1	is mother's maiden n	AME		Brun	ner	
1		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR			21234	
	- 0		W. II	218-07-	7057	Dorothy P.	Godwin87:	17Edd:	ingtor	n Rd.	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one cause per l ED BY. TE CAUSE (a) P						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
				AS A CONSEOU						1	
		Conditions, if any, which gave rise to immediate cause all, stating the underlying cause last. (c)									
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ntributing to I	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	a	
3	ERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO ■	IN CERTIFY	WERE FINDING CAUSES		
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7	AL	OR CONTRIBUTING CAUSE OF DE	AIR		AT TEAK						
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		22b. SIGNATU	John	ly	m	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
/		PAUL GO:		D			URCH HOSPI ROADWAY BA		MD 21	231	
<u> </u>	23o E	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	F	Burial	July 16	6. 84Ne	w Ca	thedral Cer	netery Bal	timor	e, MD	STATE	
83		UNERAL DIRECTOR) all old				ATE REC'D BY REGISTRAL	25b. REGISTI	RAR'S SIGNAT		
7	Wi	lliam E. Joh	nson85	21 Loch	Ray	en Blvd.	UH 1 7 100/	Tropia	Davidson	-Randell	

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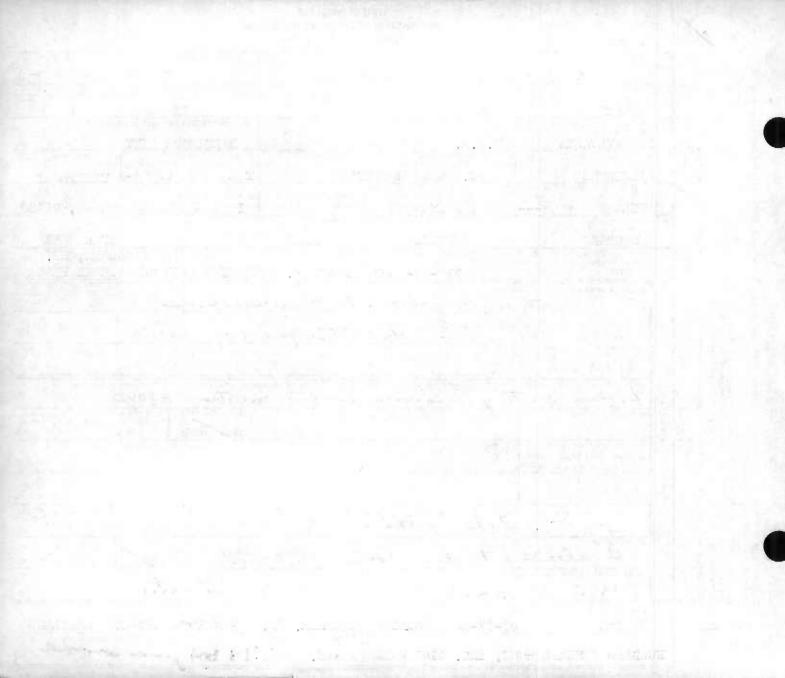
and completely filled in by the funeral director, page 3 Pages 1 and 2 should be filed within 72 hours after death

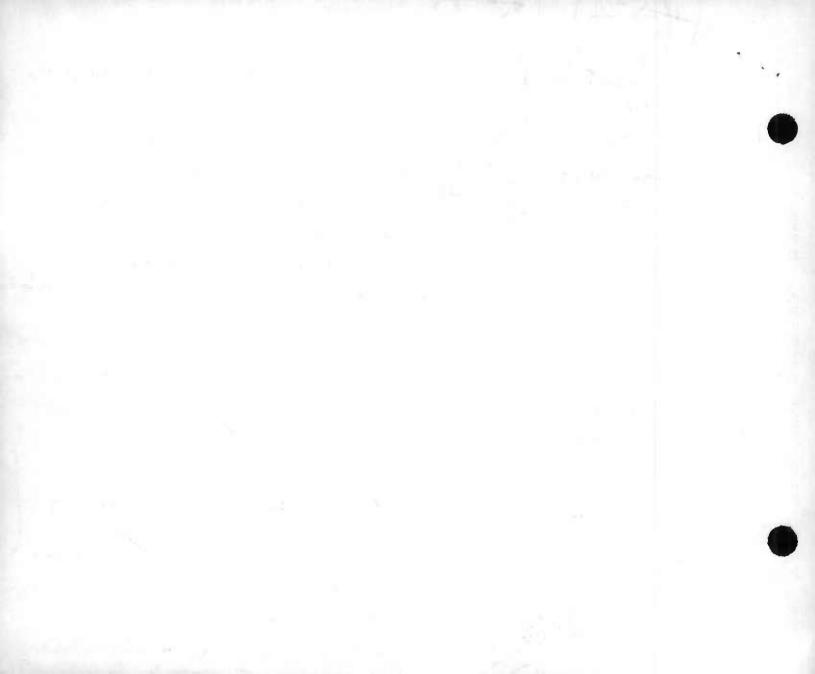
should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages f with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, ar removal. Pages MAPANIT If frem 21 is marked or frem 18 shows any injury, or other traumatic event, the medical

1 - FOR STATE REGISTRAR			NT OF HEAL	MARYLAND TH AND MENTAL HYO TE OF DEATH	GIENE REG. NO.	8 7	77
1. DECEASED NAME FIRST		WIDDIE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	GARET L	OUISE	KILLM	EYER	7	9 84	6 53 A
3. SEX	4. RACE	5	DATE OF B		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	
FEMALE	WHI	re	03	24 11	73 YR	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY? 8	MARRIER [NEVER MARRIED	1. BALTIMORE CITY OR COU	TY OF DEATH	
PENNSYLVANIA	U.S		WIDOWED 5		BALTIMORE CI	TY	MD.
10 CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF	HOSPITAL, NURSING THEACHITY, GIVE STREET ADD TO AGNES HE	DRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN TELEPHONE OPER	12b. KIND (INDUSTRY	OF BUSINESS OR EPHONE
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14. FATHER'S NAME FIRST RICHARD	WIDDIE	WHITE	15.	MOTHER'S MAIDEN NA FIRST HELEN		FINKBI	121
160 WAS DECEASED EVER IN U.S	. ARMED FORCES?	166. SOCIAL SECURIT	TY NO. 17	INFORMANT	ADDRESS I	PASADENA,	
NO NO	S, GIVE WAR OR DATES)	212-09-0	003 M	ELVIN R. KI	LLMEYER 1780 CH		
18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	USEÓ BY: DIATE CAUSE (a) DUE TO, O	line for (a), (b), and (c)	onchi	tis o mue	Λ	APPROX BETWEEN	ximate interval Onset and death
gave rise to immediat	e)	DAS A CONSTOURN			9		

ú	14. FA	THER'S NAME			15. MOTHER'S MAIDE				
Ū		RICHARD	WIDDLE	WHITE	HELEN	MIDDLI		NKBLE	NER
		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY NO.	17 INFORMANT	ADI	DRESS PASAL	ENA, I	MD.
3	()	NO NO	GIVE WAR OR DATES)	212-09-0003	MELVIN R.	KILLMEYER 17			
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI	anly ane cause per SED BY: ATE CAUSE (a)/	line for (a), (b), and (c).)	litis o me	ucaus plus	30	APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_(LAS A CONSEQUENCE OF	ractive of	sulmonery a	lisease		
	NOI	/ 4		Lor Carcineme	0 _/_	111-4-			
1	CERTIFICATION	19x, DATE OF OPERATION	THE CONST	NON FOR WHICH OPERATIO	N WAS PERFORMED	YES TO NOT	106. IF TES, WE IN CERTIFYING YES IN	CAUSES OF	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OC	CCURRED (ENTER NATURE OF II	NJURY IN ITEM TO PART 1 (OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY BET, FACTORY, OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OF	R TOWN (OUNTY	STATE
		220.1 certify that (1) (this has saw the deceased give a abave (1)/(we) (did) (did)	7/9	1984 0	27, 19_ nd that in (my) (aur) op	inian death accurred on the	e date and havr and		at (I) (ve) ast
		726. SIGNATURE	m 2 %		DEGREE ATTENDIT		TAFF SICIAN D	22c. DATE SK	SNED /84
/		22d. PHYSICIAN'S NAME (TYPE	1	, m.D.	22e ADDRESS	agnes Hog	mitel		
		URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMAT	ORY 23d. LOCATION			
	,	BURIAL	07-12-	84 MEADOWR	IDGE MEM.	PK. ELKRIDO		MAR	YLAND
	24 51	INICOAL DIDECTOR	-			DATE DECID DU DECICAD	1000 0000000		

FUNERAL HOME, INC. 4107 WILKENS





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

AND THE RESERVE OUR CONTROL OF THE PROPERTY OF	

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	FOR STATE REGISTRAR			DEP	ARTMENT OF H CERTIF	EALTH AND		GIENES	REG. NO).	0 /	E	•	
	DECEASED NAME TYPE OR PRINT!	Elinor		VM1	Kir	AST KIR	NER	20 DATE	OF DEATH	7		EAR H	26 HOU 752	R A M
3.	SEX	4	RACE		5. DATE C		WE - D	6. AGE (II	N YEARS LAST BIRT	HDAY)	IF UNDER	DAYS	IF UNDER	24 HRS
1	FEMALE		WH	ITE	01	10	08	1	76	YRS.	MORINS	DATS	HOURS	MIN.
70	BIRTHPLACE (STATE	OR FOREIGN 7		WHAT COUN	TRY? 8			9. BALTIM	ORE CITY OF		Y OF DEA	TH,		
1	MAD SET AND		IT :	C A	MARRIE	D NEVER	MARRIED A	1	Balti	noi	0 6	14		
10	MARYLAND	DEATH 1		S.A.	JRSING HOME C		IVORCED	12n USUA	LOCCUPATION	11111	_	IND	F BUSINE	MD.
7		-		OH FACILITY, GIVE	STREET ADDRESS)	1.		(TYPE OF W	ORK FOR MOST OF		LIFE) INDU			
A U	BALT IMORE		THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSIONI	my 14	one		NONE-			IN / A	A	
Ĭ	3a STAJE	13hCOUNT	Υ	13t. CITY OP	IOWN	134 INSIDE			ADDRESS /					
1	MARYLAND			BALTIN	MORE	YES 🔽	NO 🗌		S. PA	YSON	ST.,	21	223	
WIT T	FATHER'S NAME		IDDIE	LAS1	ī	15. MOTHER	S MAIDEN NA	AME	WIDDLE			1.467		
4	CHARLES	F		KIRI	NER.	M	INNIE				MO	BUS		
16	WAS DECEASED EV	ER IN U.S. ARM		166 SOCIAL	SECURITY NO.	17. INFORM	ANT		ADDRE	ss BO	X 161	RR	TE.	2
	NO	(IF YES, GIVE	WAR OR DATES)	216-	66-4507	EVEL	YN K. E	BILES	INDIA	N HE	AD. M	D.	2064	0
F	18 CAUSE OF DE	ATM (Enter only	000 0000 000					-					MATE INTER	
	PART I. DEATH	WAS CAUSED	BY:	Shock								hou		DEATH.
	Conditions, if of gove rise to couse (a), shounderlying co	immediate	(d)	Probal		513				1				
I.	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS C	ONTRIBUTING	O TO DEATH BUT	NOT RELATE	TO THE TERM	MINAL DISE	ASE OR CONE	ITION G	IVEN IN P	ARI IIo		
	Č C	orpharu	greta	ru di	heals.	Ment	al Re	ctard	ation	1,10	nper	te	n518	my
	19a DATE OF OPE	RATION -	19b. COND	IT <u>ION</u> FOR W	HICH OPERATIO	N WAS PERF	DRMED	20a AU	NO Z	IN CERT	WERE I			H?
	OR CONTRIBUTION	CAUSE OF DEAT		DE INJURY .M. MONTH .M.	DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM IS	B PART I OR PA	ART 2)		
	(IF EITHER NOTHY A 21d. IN JURY OCC		21e PLACE	OF INJURY		211 LOCAT	ON		CITY OR TO	MAL	COU	MIA		TATE
	ANTHIE INC	WHILE WORK	(AT HOME ST	REET, FACTORY, OF	FFICE, FARM ETC)	STREE			t City Ok 104	W IV	COU	1	3	IAIL
1	22a.1 certify that		ol) ottended th	her deceased for	rom 19	HAS BW	, 1984	, to	19 7	52 A	M19 64	1	that (I) (v	ve) lost
	sow the deci	eased alive on _	7/19/8	102A	M 84	nd that in (my) (our) opinion	death occur	red on the do	te and h	our and fro	m the c	ouses sto	oted
1	22b. SIGNATURE	e) (did) (did not)	O	Offer death		DEGREE					22c.	DATE !	SIGNED	
	M.	ark-	Xwll	will	· m	D	ATTENDING PHYSICIAN	MEDICA DIRECTO	R PHYSIC		7	191	84	
1	224 PHYSICIAN'S		tillue	1) 10	16	V ADDRE	versite	, of	ma	Hosp	ital	2	120	
2	3a. BURIAL, CREMATIC	N, REMOVAL	23b. DATE	/ 1	23c. NAME OF C	EMETERY OR	CREMATORY		CATION	1	COUNTY			TATE
	BURIAL		07-10	-84	WESTER	RN CEME	TERY	BAI	TIMORE	CIT	Y	MAR	YLAN	ID
2.	A FUNERAL DIRECTOR	>			,	11220	250 DA	TE REC'D BY	REGISTRAR	25h REGI	STRAR'S SI	GNATI	IRF	

DHMH - 16 50M 4/83 (VRA 15, 4)

INC. 4107 WILKENS AVE. HUBBARD FUNERAL HOME,

Acres de la companya Contract to the contract of the contract of Findada Company Like Day I was now to be a complete white THE THE PARTY OF T West of the same of the same of the The state of the same of the same of the state of the same of the and provided the second control of the secon

X		1 -	FOR STATE REGISTRAR	D	STATE OF MEALTI EPARTMENT OF HEALTI CERTIFICAT		GIENE 4	1 8	/ 3
do.		1 DEC	EASED NAME FIRST	MIDDLE	LAST			ONTH DAY	YEAR 25. HOUR
	o ω±		OR PRINT)		111		A	- 111	04
	y be		magdaleni	7	Ktei	71	7	14	84 10:10 AM
	moy pog	3. SEX		4. RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTHO	MONTH	DER I YEAR IF UNDER 24 HRS
	e 4 may be ctar, page 3 s ofter death	L		1.11	MONTH	16 84	99	YRS.	S DAYS HOURS MIN.
	Page I direct hours ee.	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	10 -	9. BALTIMORE CITY OR		EATH
	th 15 75		OUNTRY)	4.4	MARRIED U	NEVER MARRIED	12 14.		1:4.
	he fune within	#	rngary	USA	WIDOWED	DIVORCED	Dallimo	2r-e 1	MD.
	F SH SH	7	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTH	milton	120. USUAL OCCUPATION		b. KIND OF BUSINESS OR IDUSTRY
201	filed the	Bi	Mimore	Meridian	NUTSING(exter	AT HO	ME	
MARYLAND 2120	24 hou filled in buld be	130. S	LE RESIDENCE (IF NURSING HOME O	NTY 13c. CITY	OR TOWN 13d. II	NSIDE CITY LIMITS?	130. STREET ADDRESS	elan	d Rd 21090
Y LA	e e e	14. FA	THER'S NAME		15. M	OTHER'S MAIDEN NA			
IAR			Tocanh	MIDDLE	LAST	Marie	WIDDLE		LAST
m,	5 0	1Ao V	AS DECEASED EVER IN U.S. A	PMED FORCES? TAN SOCI	AL SECURITY NO. 17. IN	FORMANT	ADDRESS		
0	ond co		ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	ALSECONITION III.				
¥.	be no rs. Po		NO	220-	-46-1967	FAM	14 RECORDS	>	
MAL			18. CAUSE OF DEATH (Enter o), (b), ond (c)	1 1	1		BETWEEN ONSET AND DEATH
	g physic anpape remaval		PART I. DEATH WAS CAUS	ATE CAUSE (o)	ongestive ,	Heart Fai	lure		1 week
N Z	th certif nding p corban , ar rem		IMMEDIA	THE CHOOL (U))				
PRESTON	death ottend ave co itian, o		Condition IC and At 1	DUE TO, OR AS A CO		Antor 1	1560.50	16	Years
RES	e death nave c nation, troume		Canditions, if any, which gave rise to immediate	(b)	prongry 1	griery	1)6436		10413
>	t tien		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF				
2	- D 0 0 5		orderlying coose lost.	(c)					
, 20			PART 2. OTHER SIGNIFICANT	CANDITIONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED TO THE TERA	AINAL DISEASE OR CONDIT	TION GIVEN IN	PART 1:0
RDS	하 하 하	o N	ANGINA	PECTORIS	MITRALK	EGURG17	ATION		
RECORDS	ow re	CERTIFICATION	19a DATE OF OPERATION		WHICH OPERATION WA				RE FINDINGS USED
2	be of	F					YES NOT	IN CERTIFYING YES	CAUSES OF DEATH?
IA		ERT	210. ACCIDENT WAS UNDERLYING [216, TIME OF INJURY	210	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I		
>	SKCIAN: Ti ng physici certificate rial-transit ental Hygi		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR		TED TENTER INTORE OF INSORT	TO THE TO	m m e
0	HYSICIAN ading phisic certification is certification burial-transfer or frem 1	V .	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
0		WEDICAL	214 INJURY OCCURRED	210 PLACE OF INJURY		LOCATION STREET	CITY OR TOWN	4 C	OUNTY STATE
DIVISION OF	() # h # b 9	>	AT WORK NOT WHILE				,		
0			220.1 certify that (1) (this hosp	oital) attended the decease	d from 8/2	1 19 83	7 / 19	19_	84. that (1) (we) lost
100	R ATTEN hospital IRECTOR: hed for us ept, of He		sow the deceased alive a	of) view the body after deat	19 84 , and that	in (my) Curopinion	death occurred on the date	and hour and	
	R ATTEN hospital RECTOR led for u ppt, of Hi	201	obove ((1)) (we) (dig) (did n	of view the body after deat	h. DEGRI				22c. DATE SIGNED
	0 . 0 40	- 1	-11/	Α.	DEGKI	ATTENDING \	MEDICAL _ STAFF		The last
	Y the XAL II deto deto lote D		() We	man (1)		PHYSICIAN	DIRECTOR PHYSICIA	N .	1/13/84
	HOSPITAL ined by the FUNERAL old be det the Stote		234 PHISICIAN SHAME ITH	DEPENT! NO	220	ADDRESS /	11) /0	11
	- A + A		t. WIFG	SMANN		8406	MARFORD K	D. /DAL	TIMORE, MD.
	of of Mark	23a F	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETI	ERY OR CREMATORY	23d LOCATION	1	
	BP	R	SPECIFY)	T.1417 1001	1 DSL. CAT	,	B OTT MOS		MA OU STATE
	Dr	24 FI	INERAL DIRECTOR	Dar II LAS	TITEW CAT	HS ORAL	TE REC'D. BY REGISTRAR 25		SIGNATURE
	DHMH - 16 50M 4/B2	C	NAME	-00	DDRESS 8800		JI 2 0 1084	Julia Davi	de a Dodge
	(VRA 15, 4)	51	Ans (HAPELO	FIBMORIS	HARTOR) KD	7	www.kuni	COLLABORA .

Mary to the state of the state

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FN	
1	
/	

within 24 hours after death. Page 4 may be

by the attending physicion and completely titled in by the ase remove carbon popers. Pages 1 and 2 shalld the filled we

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remove carbon papewith the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retained by the hospital or

BP

morked ar Hem 18 shows ony injury, or ather traumatic event,

IMPORTANT: If Item 21 is

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Ī		ASED NAME	FIRST	1	MIDDLE	· ·	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
ı	(TYPE OR	R PRINT)	GEORGE	WHI	TTINGTON	KI	EMM		JUI	Y 19.	1984	7:22p M
I	3. SEX		4.	RACE		5 DATE C	F BIRTH	6	S. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		MALE		WHIT	E	MARTH	20,190	YEAR	80	YR5	INTHS DAYS	HOURS MIN.
Į,		HPLACE (STATE OF	FOREIGN 76	CITIZENOF	WHAT COUNTRY	? 8.	NEVER MARK	VED []	BALTIMORE CITY O		F DEATH	
9		arvland		U.S.	Α.	WIDOWE		1	Baltimo	re Ci	+37	MD
1		OR TOWN OF DE	ATH 11	NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUT	ION I	120 USUAL OCCUPATI	ON	12b. KIND O	F BUSINESS OR
1		altimor	- 1	St		s Hos	pital		Owner	F WORKING (IFE)	Sel-	Employ
1	JaUAL 30. STA	RESIDENCE (# NUI	13b. COUNTY		GIVE RESIDENCE BEFOR		13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS	7 IP CODE		21228
5	Mo		Balt		Catons		YES NO		105 Sout		ling	Road
I	4 FATH	HER'S NAME	MID	Die	LAST		15. MOTHER'S MA	IDEN NAMI	E MIDDLE		IAS	
7					ton Kle	emm	Anni	Le	MiDDLE		Mohn	
ī	6a WA	AS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS		
	No	AS DECEASED EVE 5, NO OR UNKNOWN) O	(IF YES, GIVE W	AR OR DATES)	219-32-	-44931	A Elizat	beth	A. Klemm	Same	As #	13
F	18	8 CAUSE OF DEA	TH (Enter only	one couse per	line for المار (b), o	nd Ict					BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH	MAS CAUSED E	SY:	CM	2 MA	to AR	226	8)			
				DUE TO, O	R AS A CONSEQU	JENCE OF	(3) II		_			
1		Conditions, if on	y, which	(b)	P	5672	U VEN	TRICE	uchn fu	NOTTO	L	
		gove rise to in couse (a), stat	ing the	DUE TO, OI	R AS A CONSEQU	JENCE OF	· 0	2 1	i Canal	al i		
1		underlying caus	e lost	(c)	175	00	0 40	arai	ae arrh	frome,		(
1		PART 2. OTHER SIG					HEISM		VAL DISEASE OR CON	DITION GIVE	N IN PART 11	,)
4	E	DATE OF OPER					N WAS PERFORME		20g AUTOPSY?	Tank IE VES	WERE FINDIN	ICS LISED
	CERTIFICATION	VO DATE OF OPER	ATION	198. COND	ITION FOR WHICE	H OPERATIO	N WAS PERFORME		YES IN NOT		ING CAUSES	
1	E 2	In. ACCIDENT WAS U	NDERLYING []	21b. TIME O	F INJURY		21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI		1 TOR PART 2)	NO []
1		OR CONTRIBUTING			M. MONTH D							
1	\simeq \vdash	INJURY OCCU		21e. PLACE	OF INJURY	19	21f. LOCATION					
1			VHILE [(AT HOME, STE	REET, FACTORY, OFFICE.	FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
1		20 1 certify that (ottended jth	e deceosed from,	\	7/12 11	84		19 11	84.	that (I) (we) last
1		sow the deceo	sed alive on	7/	19 19_	SY, or	d that in (my) (our)	opinion de	ooth occurred on the de	ote and hour	and from the	couses stated
	2	26. SIGNATURE	(010) (010 1101) V	new the body	1 1.	4	DEGREE				22c. DATE	SIGNED
1	31	Can	backle	w	Wore	la	MI) ATTEN	ICIAN	MEDICAL STAI		11/	19
	2	24 PHYSICIAN'S			1 /0 10	-	22e ADDRESS	2 . 4	11-			77)
1		AMB	Actte	5W	WOR	614	57. A-0	WES	HOSPITI	BC 1	KACI	40
		RIAL, CREMATION	I, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREM	AATORY	23d LOCATION		COUNTY	STATE
		Buria	1	7-21	-84 Lo	rrair	ne Pk. M			lawn,		
		NERAL DIRECTOR			ADDRESS.				REC'D. BY REGISTRAR	250 REGISTR	AR'S SIGNIN	andell
	Mac	Nabb F	uneral	Home	301 F	reder	ick Rd.	JUL	2 4 1984		,	11-1

DHMH - 16 50M 4/83 (VRA 15, 4)

JULY 1, 1984 7:229		in working	d Course Service		
	20,1304		To and	STAFF	
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CH J. SAN DEC. NO.			4 (0.34)	L facts	
2 4 884 L	1977		no 10-0 kg Charles In		

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March and March	onil		
ijanowicz Si2l Ioch Hawen Pi	Alvina P. Ali	II	99¥
ijanowicz Si21 Joch Powen 11	lvine . Pli	III	99¥
ijanowicz Si21 Joen Powen 11	lvina P. Ali	TT	99¥.
finowics Si21 Foot Power	lvina P. Ali	II	99¥
	lvina P. Ali	II	99¥
	lvina P. Ali		90¥
ijanowicz 8121 Jost Powen Pl	lvina P. Ali		90%

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumatic event, the

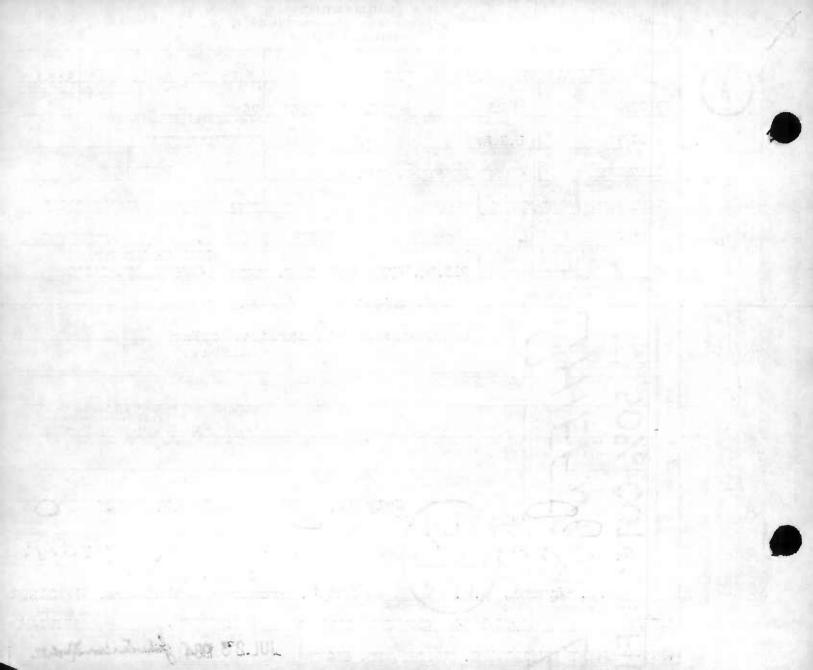
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

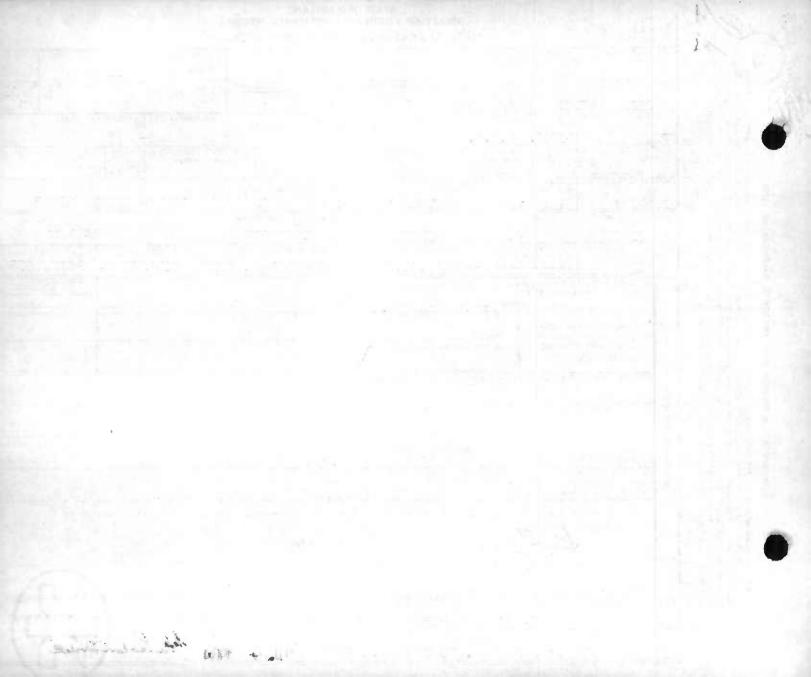
1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC IFICATE OF DEATH	REG. NO.	0 / 0 3
	CEASED NAME FIRST	M	BDD(£	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
100	ELIZAB	ETH DO	RSEY KLI	VE.	July 20, 198	4 8·50AM
3. SE		4 RACE	S. DATI	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
F	EMALE	WHITE	JU	LY 9, 1908	76 YRS	Months DATE HOURS MINE.
70.8	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
M	ARYLAND	U.S.A.		WED X DIVORCED	BALTIMORE CITY	MD.
10.0	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOMI	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
В	ALTIMORE /	The same of the sa	HOSPITAL, I	NC.		EMAKER
13a.	ARYLAND BA		GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	N) 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	
14 F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
16	BENJAMIN WAS DECEASED EVER IN U.S. A	R.	DORSEY 166 SOCIAL SECURITY NO	ORPHA 17 INFORMANT	E.	BUTERBAUGH
	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)		. IT INFORMANT	2032 ORM	
N			215.24.2577	BENJAMIN G.	KLINE DUNDALK,	MD. 21222
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per 1 SED BY:	ine for (o), (b), and (c	20122711		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
13	IMMEDI	ATE CAUSE (o)	ACUTE MY	CARDIAL INF	ARCTION	
		DUE TO, OR	AS A CONSEQUENCE OF		3	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUENCE OF	lerotic card	disease	
NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	EIVEN IN PART TO
CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ON FOR WHICH OPERAT	ION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.M	A. MONTH DAY YEA	iR	RRED (ENTER NATURE OF INJURY IN ITEM II	B PART T OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
3	22a. I certify that (I) this has sow the deceased alive a above, (I) we) (did) did	pital attended the	deceased from JU. 20 19 84	, ly	death occurred on the date and h	our and from the causes stated
	22b. SIGNATURE	Varge	min &	DEGREE ATTENDING PHYSICIAN {	MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN	7/20194
	234 PHYSICIAN'S NAME (TIR	OCHRICO		22e ADDRESS	CHURCH HOSPI	TAL
	A.F. Na	zemi, M.			oadway Balti	more MD 2123
23a	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	URIAL	7/23/1	984 OAK LA	WN CEMETERY	BALTIMORE,	MARYLANI
24 F	UNERAL DIRECTOR		ADDRESS	25a DA	TE REC'D. BY REGISTRAR III	ISTRAR'S SIGNATURE
W	ALTER BROOKS BE	RADLEY, INC	C. DUNDALK,	MD. 21222	UL 4 0 1984 7	muscon gangeese

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN ST 2h HOUR (TYPE OR PRINT) ESTI-Mabe 1 Kline DEATH MATED 7/5/84 10 Emma 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF LINDER 24 HRS DATE 24 HOUR LAST BIRTHDAY) PRONOUNCED 7/5/84 10 PM 6/29/1907 DEAD FEMALE. WHITE 76 CITIZEN OF WHAT COUNTRY? **9. BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City BALTIMORE, MARYLAND U.S.A. WIDOWED [DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE) University Hospital Shock Trauma Baltimore HOMEMAKER VE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION OF 13a. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN NO DX 11811 MEYISTON DRIVE 21093 LUTHERVILLE BALTIMORE MARYLAND 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE ALIDDLE LAST ETFERT KLEIN KATHERINE ALVIN 0. 17. INFORMANT 4920 CIRCLE LAZY J ROAL 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO IT. PAGES L (YES, NO. OR UNKNOWN) RIVERSIDE, CALIF. 9250 215.01.9028 CATHERINE G. EMERY APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH - TRANSIT PERMIT ENTAL HYGIENE, I OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X YES [] 23 SHOULD BE L DEPARTMENT C 11 PRIOR TO BUR 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KIN MONTH DAY YEAR UNDERLYING DOR MEDICAL 3:30p.m. 7/5/84 19 passenger in auto/auto collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 71 LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Hanover Pike, Arcada, Balto. Co., Md. roadway TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIS, BALTIMORE, MARYLAND, 2 Inspection X 220. I certify that I taak charge of the remains described above, held an Accident X Undetermined manner Natural Lasses Suicide TITLE (SPECIFY) DATE 7/6/84 Assistant SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 PennSt., Balto., Md. 21201 23d. LOCATION 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BALTIMORE, CREMATION 7/9/1984 GREEN MOUNT CREMATORY BP. 250. DATE REC'D. BY REGISTRAR LISE REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** the Devideor WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222 (VR A15 ME (5)) 20M 4/B2



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

ı.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Ī	DECEASED NAME FIRST	WIDDIE	LAST	Za DAIL OI DEAILI	AY YEAR 26 HOUR
L	Margaret	t	KNIGHTON	July 23, 1984	1:47P M
3	3. SEX 4. F	RACE	5. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRS
ı	Female	White	10/05/05	78 YRS.	ONTHS DAYS HOURS MIN,
17		CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 5	DE BALTIMORE CITY OR COUNTY	OF DEATH
1	Maryland	USA	WIDOWED DIVORCED	Baltimore City	MD.
Ţ		NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	174 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	Baltimore		eral Hospital	Office Work	Western Elec
	USUAL RESIDENCE (IF NURSING HOME OR OTH 13a STATE 13b COUNTY	FER INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimo	N 13d. INSIDE CITY LIMITS?		21 200
1	4 FATHER'S NAME	I Dallino	15. MOTHER'S MAIDEN !	2211 Rogers	wenue /1/09
	James F. Knighton		Mary C.	Hause	LAST
ľ	60 WAS DECEASED EVER IN U.S. ARME	AR OR DATE:		ADDRESS	
L	NO OR UNKNOWN) (IF YES, GIVE W	215 10	4109 The Wesley	Home 2211 W. Roger	s Avenue 21209
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the	AUSE (o) Peritoni DUE TO, OR AS A CONSEQUE	tis and Sepsis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCEOF		1 2 2 2 3
			DEATH BUT NOT RELATED TO THE TE	rminal disease or condition give	N IN PART I to
	June 18, 1984 710. ACCIDENT WAS UNDERLYING		operation was performed estruction and of the small bowe	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
1	OR COLUMNIC CALLES OF REALTH	21b. TIME OFINJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	wa.,
П	THE PRIME NOT WHILE NOT WH	71e. PLACE OF INJURY	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

should be detached for with the State Dept. of I FUNERAL MPORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Burial

27d. PHYSICIAN'S NAME ITYPE

John Gholl,

77b. SIGNATURE

24 FUNERAL DIRECTOR

above, (Yrwe) (did) (didn) (Xview, the bady after death

7/26/84

73c NAME OF CEMETERY OR CREMATORY

Loudon Park cemetery

DEGREE

77e ADDRESS

ATTENDING

c/o Maryland General Hospital Baltimore,

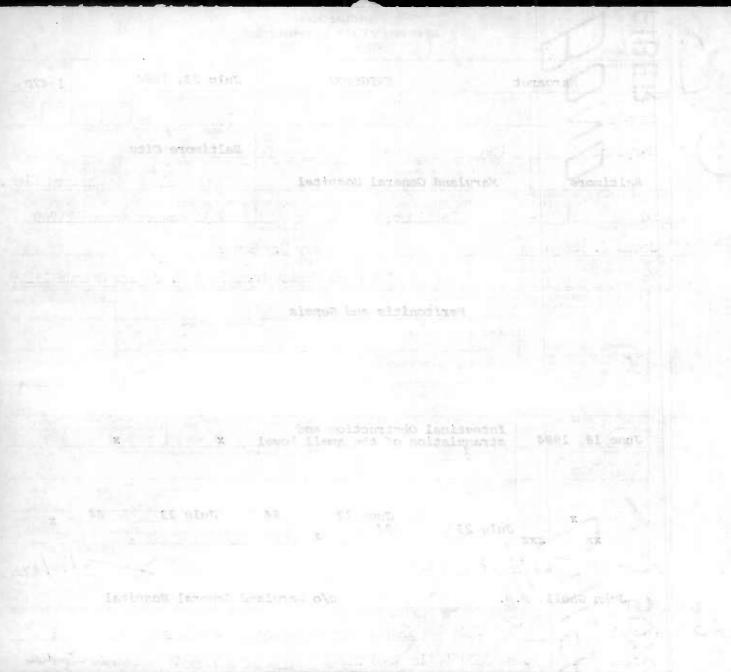
Maryland

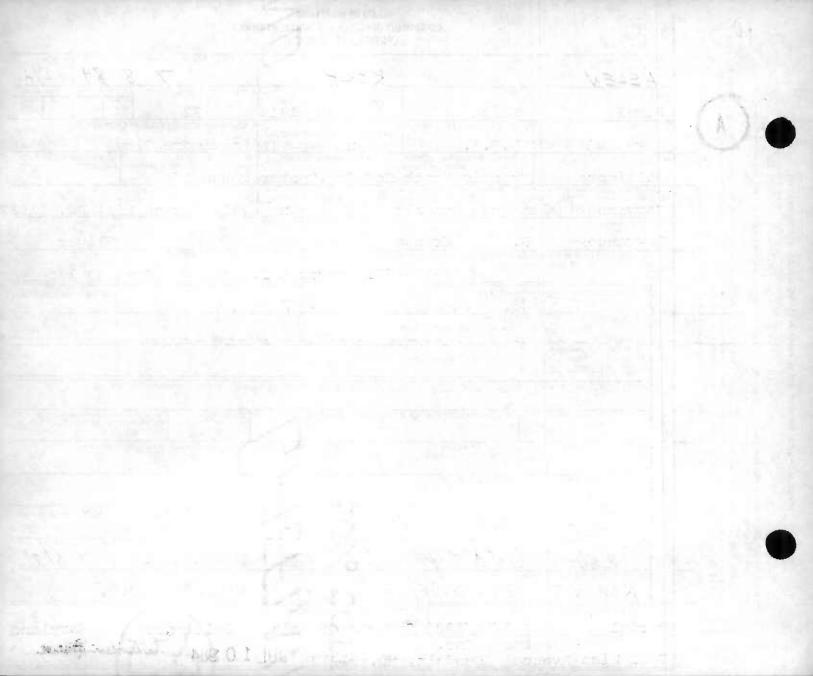
Burgee Funeral Home 3631 Fall's Road 21211

ATTENDING MEDICAL STAFF "
PHYSICIAN DIRECTOR PHYSICIAN

whia Davidson-Randall

22c. DATE SIGNED





injury, or other troumatic event.

IMPORTANT: If them 21 is marked or them 18 shows ony

	STATE OF M	ARYLAND	. 4
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CF	DTIFLEATE	OF BEATH	

6:

	- STATE REGISTRAR												
1	1. DECEASED NAME	TYPE OR PRINTI			KOEN IG		20 DATE OF D		AY YEAR 26 HOUR				
1	DAVID								23,xx		1984	_	OA M
1	3. SEX		4 RACE		DEC. 15 1978		r <u>e</u> ar	5 YRS			ONTHS DAYS	IF UNDER	R 24 HRS MIN.
1	MALE		WHITE				8						
?	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MASS. USA			WHAT COUNTRY?	RY? 8 MARRIED NEVER MARRIED X WIDOWED DIVORCED			BALTIMORE CITY OR COUNTY O					
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN			AG HOME OR OTHER INSTITUTION ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)			12b. KIND OF BUSINESS OR INDUSTRY			
5	BALTIMORE	BALTIMORE THE JOHNS HO			PKINS HOSPITAL			NONE			NONE		
3	USUAL RESIDENCE (IF NURS 130. STATE MASS.	No. COU	STABLE	BOURNE		13d INSIDE CITY LI YES 🗖 NO	0	130 STREET AL	DORESS / ZIF	RD.	#02	532	
,	14. FATHER'S NAME FIRST		MIDDLE	LAST				ΜE	MIDDLE		£AS	1	
	EDWAR			KOENIG	JOANNE						EVANS		
	160 WAS DECEASED EVER IN U.S. ARMED FO			166 SOCIAL SECU		17 INFORMANT			OEMIGS	MAG	C 00F	7.0	
	NO			NO	NE	44 BENE	DICL	RD. B	OURNE,	MAS			
	18 CAUSE OF DEAT PART I, DEATH W	H (Enter of	nly one cause per	line for (a), (b), gno	d (c). I	· inte		0	1.11-	10	BETWEEN	MATE INTE	DEATH
	01-	IMMEDIATE CAUSE (0) SUPPLE MYPONIC (SCHEMM ENCIPHALOPATRY 2 OF								CAY	4		
	7 7/02	9/02 DUE TO, OR AS A CONSEQUENCE OF						2	VA	1/5			
-	Conditions, if any, which gave rise to immediate						0	11)					
	cause (0), statir underlying cause		DUE TO, O	r as a conseque	NCE OF								
	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO T	HE TERM	INAL DISEASE	OR CONDITIE	ON GIVE	N IN PART III	a	
	NO		_										
3	196 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	20s AUTOP	SY? 201	b. IF YES,	WERE FINDE	OF DEA	D TH2
4	STIF!								NO	YES		NO [
7		10. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY PROCONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR						RT OR PART 2)	, -				
	(IF EITHER NOTIFY MEDI	CALEXAMINE	1 2 2 2 2	M.) 7 21	1%	A	rus	LON W	nder	WO	dees	62 5	nen
	21d INJURY OCCUR	OF CONTRIBUTING CAUSE OF DEATH 12 C.M. 7 21 184 SUDMUSION UNAUL 11 12 13 14 15 15 15 15 15 15 15					, ,	COUNTY STATE					
	AT WORK AT WO	Rk C	AIP	revate po	oly	10114 CON	итас	dore Ct l	gumb	19 1	Toward	M	D
	226 I certify that (1) sow the deceas			7/23 19 \$	7/2/	nd that in (my) (our)	14	teath accurat	23	11	and from the	that (1)	we) ast
3			ot) view the body		1	DEGREE	VALAN	ATTENDANCE OF THE PARTY.	40	CAL EXAP		COUSES	area
	au li	de	ancer	eun	11		IDING	MEDICAL			7/2	2/5	rd
	Tra. PHYSICIAN'S N	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/23							5/0	7_			
	JAY	R.	SHAYE	WITZ		Halste	d 8	42,	JHM	I			
	236 BURIAL, CREMATION,					EMETERY OR CREM	ATORY		RTOWN		COUNTY		STATE
		EMOVAL/BURIAL JULY 25,1984 BETH JACOB PLYMOUTH FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 125 PATE REC 10 BY SELECTION OF BROS.						3 do a = 20	MASS	5.			
	7.47-47-16							ALSHOW	rafore CC				
	6010 REISTERSTOWN RD. BALTO., MD 21215												

DHMH - 16 50M 4/83 (VRA 15, 4)

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ST	ATE	OF	MA	RY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH MONTH 2b HOUR I. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) KOETHE 7:00 am ELMER ROLAND IF LINDER LYEAR IF LINDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH A. AGE. (IN YEARS LAST SIRTHDAY) MONTH YEAR WHITE MALE 13 35 07 48 YRS. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Baltimore City. MARYLAND U.S.A. DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! LIVE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore ROOFING ST. AGNES HOSPITAL ROOFER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13m STATE 13h COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? MARYLAND BALTIMORE YES K NO [1336 JAMES STREET. 21223 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST MARY **GEOUGH** KOETHE WILLIAM H. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 1336 JAMES ST., 21223 220-30-5569 MYRTLE E. KOETHE NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY vascular IMMEDIATE CAUSE (D) Conditions, if any, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 20s AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIL YES 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART 1 OR PART 2) 71m ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 21d IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET FACTORY, OFFICE FARM ETC ! STREET NOI WHILE 220 Leartify that (1) (this haspital) attended the deceased from Your) opinion death occurred on the date and hour and from the causes stated the deceased alive on_ above. (1) (ivel.(did))(did not) view the body after death 224-SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT)

DHMH - 16 50M 4/83 (VRA 15, 4)

should be with the S

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

2 NAME OF CEMETERY OR CREMATORY CEDAR HILL

BROOKLYN PK.

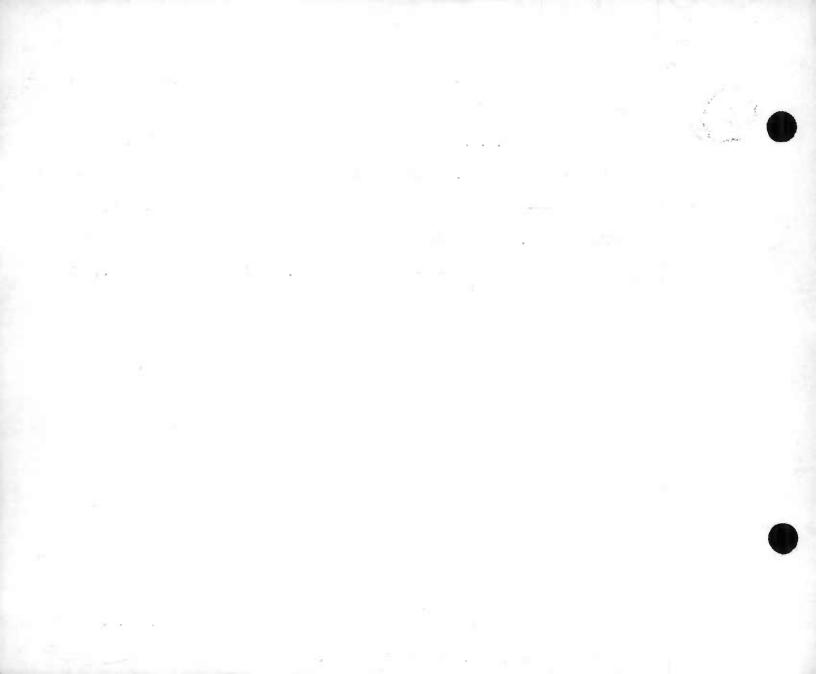
A.A.

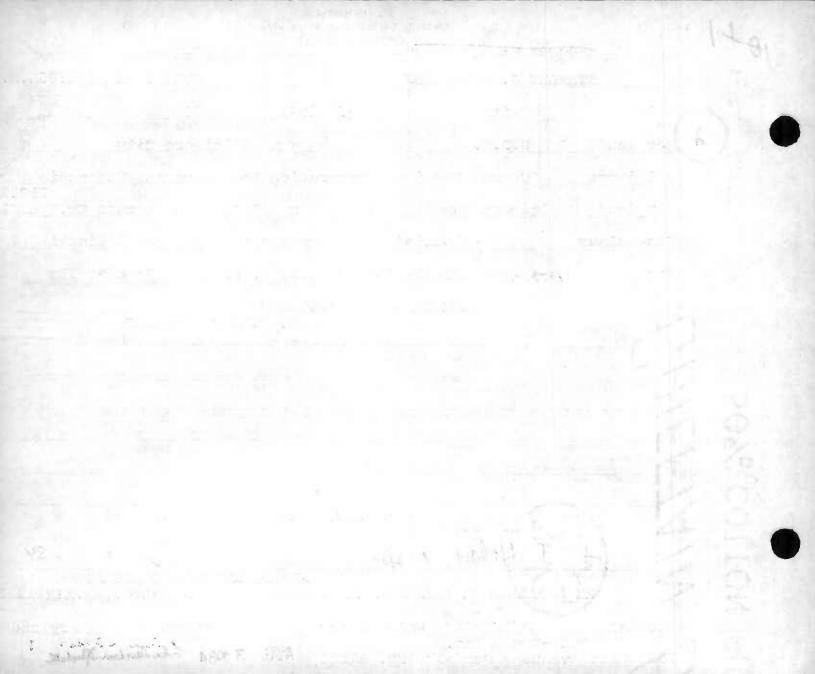
24 FUNERAL DIRECTOR 21229 ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

07-03-84

23b. DATE

25p. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE





Metric . Date of the . I would be with a first of the same The area was line on a pile of the



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executed within 24 hours ofter

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١.	REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. N	O		
	CEASED NAME FIRS () 1 ORDERINI) ORDERINI) ORDERINI)	Michael	L.	Ko	zubski		20 DATE OF DEATH	7-20		26 HOUR
3. SE		4. RACE		5 DATE C			6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Male	Whit	Ce C	\$epte	mber 29,	1902	81	YRS		HOURS MIN.
7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER MA	PRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
6	Delaware	U.S	S.A.	WIDOWE		DRCED	BALTTI	MORE (City.	MD
	LTIMORE, CITY	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET N MEMOR	ADDRESS)	ROTHER INSTIT		120 USUAL OCCUPATION WORK FOR MOST C	ON IF WORKING LIFE)	126 KIND C INDUSTRY Len	OF BUSINESS OR
1154	AL RESIDENCE (IF NURSING HOME OR STATE BALL	OTHER INSTITUTION		ADMISSION)	13d INSIDE CIT		13e.STREET ADDRESS	ZIP CODE esapeal	ke Roa	d 21220
I E. F.	THER'S NAME	wiDDLE _	LAST		15. MOTHER'S	MAIDEN NAM	ME MIDDLE		(A)	ST
	Roman		Kozubski		Ar	ma		Choma		
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMAN		ADDRE			
,	YES, NO CRUNKNOWN) (IF YES, GIV	E WAR OR DATES)	216 36 7	471	Mary A	. Kozu	ıbski (Wif	e) S	Same	
	18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), on	d (c)					APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	Ó BY: E CAUSE (o)	CARTIE		SPIRATE	GRY,	ARREST		in	makes
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(b)_	R AS A CONSEQUE	INTS			RCINOMA	-		
Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO L	DEATH BUT	NOT RELATED T	O THE TERMI	inal disease or con	DITION GIVEN	V IN PART I	0
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MÉD	20a AUTOPSY?		WERE FINDI	NGS USED S OF DEATH?
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	PFINJURY M. MONTH DA M.	AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	OR PART 73	
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC)	211 LOCATION	1	CITY OF TO	WN	COUNTY	STATE
2	AT WORK NOT WHILE									
	22a certify that ((this hospi sow the deceased alive on obove (1) we) (did) did no	TULY	e deceased from_	JU .01	d that in (m)	19 <u>84</u> our) opinion d	eath accurred on the d	ate and hour o	and from the	that (I) (e) lost causes stated
	226 SIGNATURE	1/	amer			TENDING HYSICIAN	MEDICAL STA	FF CIAN D		20-84
1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS					
	THEODORE KR	AMER			UNION	MEMO	DRIAL HOS	PITAL		

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR should be detached for with the State Dept of

and Mental Hygiene prior to burial, cremation, ar remayal

as the buriol-transit permit.

MPORTANT: If hem 21 is marked or hem 18 sha

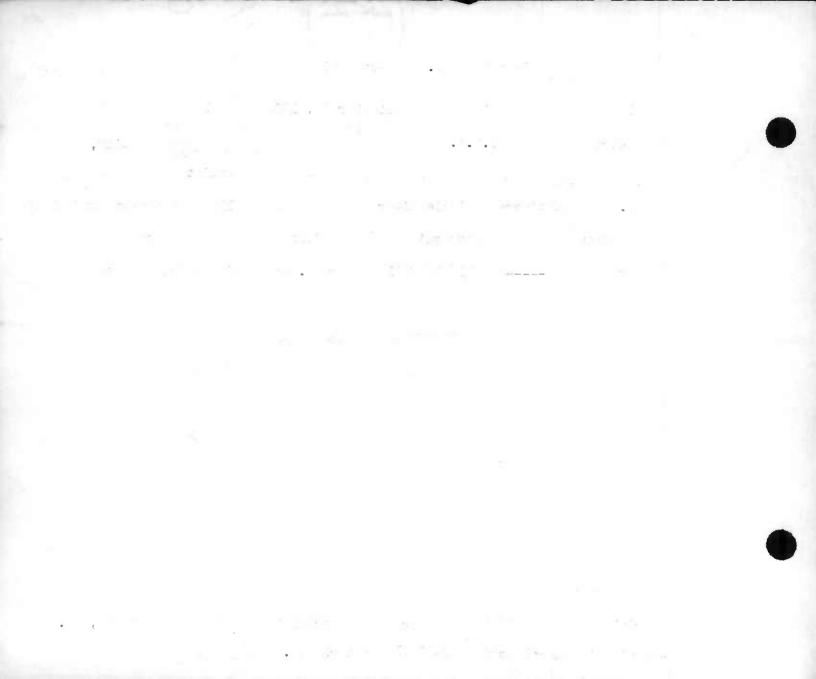
23a. BURIAL, CREMATION, REMOVAL

73b. DATE

23c. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park

Baltimore County, Md.

250. DATE REC'D. BY REGISTRAR BY REGISTRARYS SIGNALIRE

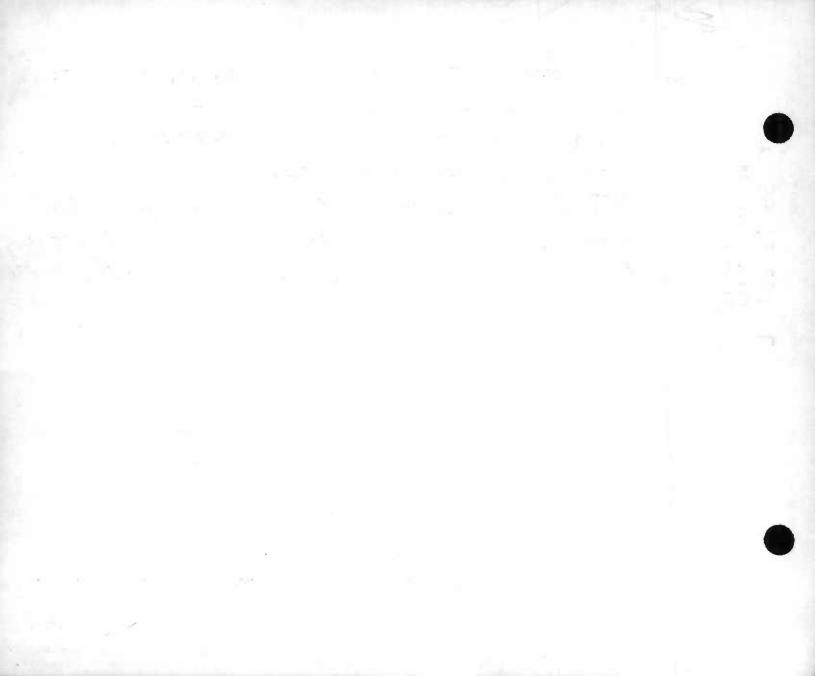


		EASED NAME OR PRINT)	Richard	Ben	enard	Krat	fel	OF	ESTI- MATED A 7/2	DAY YEAR 2h
	SEX	rle W	CE 15 D	ATE OF BIRTH	42 6. AGE (IN YEAR LAST BIRTHDA	RS IF UNDER			MONTH	DAY YEAR 2d 11
35	FOR	THPLACE (STATE OR		U.S.A.			□ NEVER MARR	IED 1	DRECITY <u>OR COUN</u> LIMOTE City	TY OF DEATH
20		orfown of DE altimore		LIE NOT IN SUCH FACE	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) AGLEY St.	, OR OTHER II	NSTITUTION		ATION (TYPE OF WORK ING LIFE) ASSOC	OR INDUSTRY Western
3 13	o. ST	RESIDENCE (IF IN A TE LANGE)	136 COUNTY	ER INSTITUTION, GIVE	residence before admission 130 CITY OR TOWN Baltimore	13d.	INSIDE CITY LIMITS?	132 STREET ADDRES	h Fagley	Street 2122
0		Frank		DDLE	Kratfel		Anna	EN NAME	DDLE	Wysocki
1	(YES	AS DECEASED EVE i, NO, OR UNKNOWN) NO	R IN U.S. ARMED		216-42-7.8			tfel 7135	Fagley	St. 21224
	- 1	Canditians, if gave rise to cause (a) statin lying cause las	immediate ng the <u>under</u> - t.	(b) DUE TO, OR A	S A CONSEQUENCE (DF .	CONDITION GIVEN IN PA	MTT (a		
	CERTIFICATION	19a DATE OF OPER	RATION	196 CONDITIO	ON FOR WHICH OPER	ATION WAS F	PERFORMED?			20 AUTOPSY?
		210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR	н5:30 p.м.	MONTH DAY YEAR	subje	ct inhal	ed exhaust		
3	144	21d INJURY OCCU WHILE NO AT WORK AT	RRED T WHILE TO WORK	STREET, FACTO	FINJURY (ATHOME, RY, FARM, ETC.) LIAGE	701 TOCAT		y St. Bait	imore, Mã	DUNTY
7		220 I certify tho death resulted fra		TID.	ibed above, held an	cide [],	Homicide ,	Undetermined mo	and in my o	pinian

		12 24 3		
				-M-10
g reckes (step) (nuclings)				
"V? Touch Enday Strong CV"	50	Salitaria.	•	in level
- di susui				
ASV . See See See See See				6
	i selection			Taber See Life - See

(VRA 15, 4)

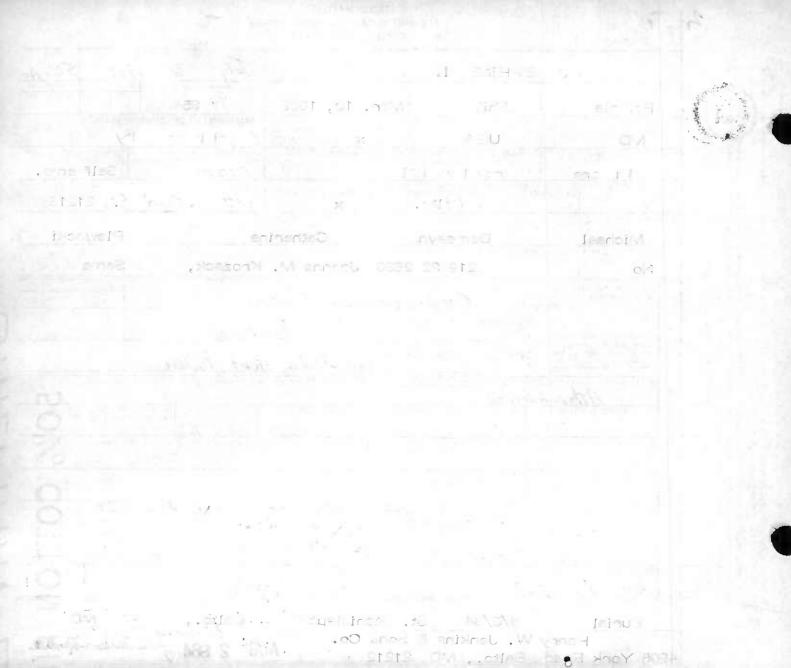




1-	FOR STATE REGISTRAR		MED	ICAL EXAMIN		RTIFICATE O	6.3	REG. NO.	0		
	CEASED NAM PE OR PRINT)	Kimber	·ly	ABBEY		auss	DE	TE KNOWN K	монтн 7	1619 84	2b. HOUR
3. SE	F	4. RACE	5. DATE OF BIRTH		MONTHS	DAYS HOURS	MIN PRON	OUNCED EAD	MONTH 7	16 19 84	7:301 M
F	RTHPLACE (SPEEDING COUNTRY)	-AND		S.A.	WIDOWED		ED Ba	ltimore C	City,	Y OF DEATH	MD.
1	Balt	imore /	Univers	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) SITY HOSPIT RESIDENCE BEFORE ADMISSK	al	INSTITUTION	FOR MOST OF	CCUPATION (TYPE WORKING LIFE)		ACCOUN	RY
13a S	MD.	136 COUN		BEL AIR	13d Y	ES NO		SHAMROO	ek R	D. 2101	4
	ATHER'S NAM	IELVIN	G. KRAL				DAN E		Y	LAST	
	WAS DECEASE	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	214-84-60		Mr. Melvin	G. Kra	ADDRESS use - 62	2 5		
ď		EATH WAS CALISED	ly one cause per line f D BY:	or(a),(b), and(c).) iple injur	ies					APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
7	gove r	ons, if ony, which ise to immediate i) stating the under-	(b)	S A CONSEQUENCE (OF .						
NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVEN IN PAI	RT 1 ta .				
LIFICATI	190. DATE O	FOPERATION	196 CONDITI	ON FOR WHICH OPER	ATION WAS	PERFORMED?	Itt.			20 AUTOPSY	NO []
MEDICAL CERTIFICATION	UNDERLYIN CONTRIBUT	ING CAUSE OF I	DEATH O: U.M.	7 16 19 8	4 Driv	er in mul					
MED	WHILE AT WORK	OCCURRED NOT WHILE X AT WORK	21e PLACE O	FINJURY (ATHOME, DRY, FARM, ETC.)		ir & Mill		DR TOWN	Ba	Ito. Co	STATE Md.
	22a I cert death resul	//	at the remains desc holdbuses	Account Day Sun	Alopsy	M, Inspection Hamicide TITLE (SPECIFY) Deputy Ch	Undetermine	d manner .	DATE SIGNE	nion D. 7/17/	/84
1	EXAMINER'S (TYPE OR PR	INI)		Smith, M.D	AU	DKESS	Penn St		ю.,М	D.	
-	SPECIFY) BI		7-20-81	OAK L	AWN (Em.	23d. LOCATION CITY OF TOW	ALTO	Mo	677 ST	ATE .
1	NAME	OD.	- 7527	Harland	Q1	JUL JUL	1 8 198	TRAIL STATE OF	Distor	- Handelle	1 5

V 4141960 28 MALE U SHALL M FIGURE AND ADDA THE SEE A Baussia de Macagai

Lored Benjaming Aroner



executed within 24 hours after

death certificate be

please remave carbanpapers. Pages

should be detached for use as the burial-transit permit. Then please remaye carbonpape with the State Dept- of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If them 21 is marked ar III

injury, ar ather traumatic event, the

pup

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

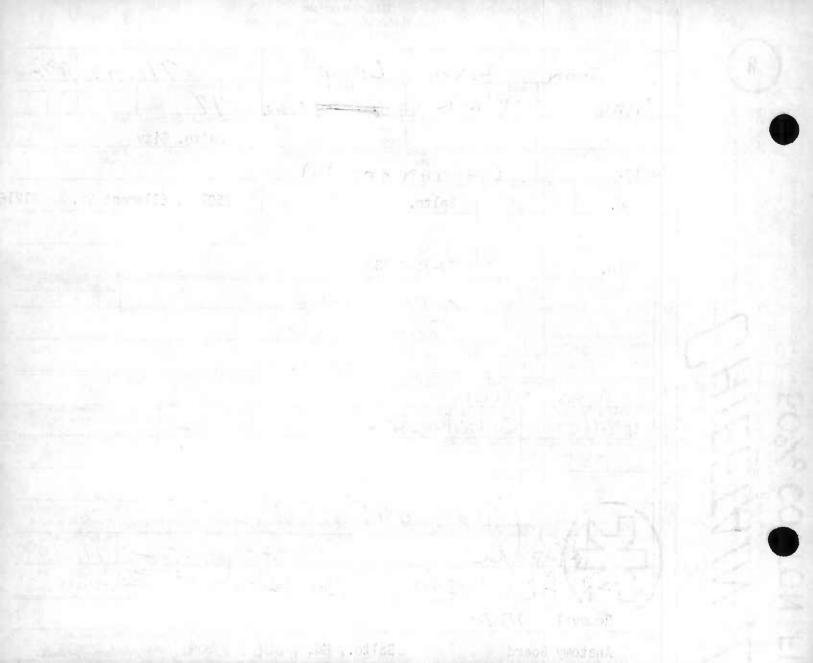
	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND ME		REG. NO	,	0 0	
ł	1. DEC	CEASED NAME FIRST	٨	AIDDLE	L	AST				DAY, YEAR	26 HOUR
1	(TYPE	or Print) anna		В.	KII	BERA			7/24	184	750 RM
ŀ	3. SE X		4. RACE		5 DATE C			6 AGE (IN YEARS LAST BIRT		IF UNDER TYEAR	1F UNDER 24 HRS
ı		77 am a 7 a	and de		MONTH	30, 189	YEAR	89	YRS "	AONTHS DAYS	HOURS MIN.
"	7a. BIR	Female RTHPLACE (STATE OR FOREIGN	Whit 76 CITIZEN OF V	WHAT COUNTRY?	8			9 BALTIMORE CITY O		OF DEATH	
)	C	ountry) Pennsylvania	U.S	71	MARRIE	D NEVER MA	RRIED 🛄	BALTIMORI	- CTTY	7	MD.
1		TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	G HOME C			12a USUAL OCCUPATIO	N	128. KIND O	F BUSINESS OR
-		BALTIMORE	UNION	MEMORIAL	HOSP	ITAL		Housewife	WORKING LIFE	E) INDUSTRY	
	13e. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN Taryland		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltime	N	13d. INSIDE CITY YES XX N	Y LIMITS?	3510 Glena	ZIP CODE	renue 21	1206
2	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S A		MIDDLE		LAST	
1		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMAN	T	ADDRE	SS		21206
- 1	(A	ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-22-8	100	Mrs. J	ean D	Kachinski,	3510	Glenari	n Ave.
ı		IA CAUSE OF DEATH (Enter on	ly nne cause per							APPROXI	MATE INTERVAL
- 1		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE		500 H	c sh	ock				ho	-
		IMMEDIA	E CAUSE (a)	R AS A CONSEQUE		20 - 10					
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE	y tro	act infer	ctron				
	NO	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	de ma	SEATH BUT	NOT RELATED TO	o the termi	NAL DISEASE OR CONE	ITION GIVI	EN IN PART Tro)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH		N WAS PERFOR	MED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
+		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA		21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PARE 2)	
- 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE		19	211 LOCATION	J				
	ME	WHILE NOT WHILE AT WORK		PEET FACTORY OFFICE F		STREET		CITY OR TO	VΝ	(OUNTY	STATE
		22a I certify that (Kithis hospi saw the deceased alive an obave, (1) we) (did) (did no	July	29 19	89		. 19 <u>99</u> aur) opinian d	eath accurred on the do	ite and hour		that (I) (we) last causes stated
		22b. SIGNATURE	T) view the oppry) (A)	DEGREE	TENDING	MEDICAL STAF	5 0	221 DATE	SIGNED
Н		V 1 CM	DREA 4	vanu	U			DIRECTOR PHYSIC		1//2	4/84
		VICTORIA VAN				UNION	MEMORI	AL HOSPITAI			
	23a. B	JURIAL, CREMATION, REMOVAL	236. DATE	23c 1	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION		COUNTY	STATE
	(Burial	7/27	/84	Garde	ns of Fa	aith	Balti	nore.	Marula	nd -
	24 FL	INERAL DIRECTOR		ADDRESS			25a DATE	REC'D. BY REGISTRAR	256 REGIST	RAR'S SIGNAL	URE JA OR
		Leonard J. Ru	ck Inc	Baltimor	e,Mar	uland	Jl	JL 2 5 1984	Fishar	Davidson-	Marian

DHMH - 16 50M 4/83 (VRA 15, 4)









9705 Belair Rd., Balto. Md. 21236 1111_2

ina Davidson Randale

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

Appertureston, Missory of Missores Mail tous

	1.	FOR		D	EPART			RYLAND ND MENTAL I	HYGIENE	4.5	1 8	8 0	O
N	1-	STATE REGISTRAR						RTIFICATE	See See	u	, NO.		r
		CEASED NAME	FIRST		WIDDLE		ŁAS	iī	2a	DATE KNOWN		DAY YEAR	2b. HOUR
of State	(141)	PE OR PRINT)	KATHE	RINE	V.		LANF	-		OF ESTI-	7-2	7-84	
三 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	3 SE	4. RA	CE 5	DATE OF BIRTH	YEAR	6. AGE (IN YEARS	IF UNDE	R 1 YR. IF UNDER			MONTH	DAY YEAR	2d HOUR
52			HITE	04 12	15	69 YRS	1110111110	DAYS HOURS	MIN. PR	DEAD DEAD	7-2	7-84	8:30/
温めっ!	.70. B	IRTHPLACE (STATE O	R 7	CITIZEN OF WHA	AT COUL	TRY? 8	MARRIED	☐ NEVER MARR	RIED [BALTIMORE CIT	Y OR COUN	TY OF DEATH	2717
135		IARYLAND			S.A.		WIDOWED			Baltimo			MD
100		Baltimore			bou i	rne Aver	nue	INSTITUTION	FOR MOS	OCCUPATION TOF WORKING LIFE) IEMAKER	(TYPE OF WORK	OR INDUST	
500		AL RESIDENCE (IF IN I	136 COUNTY			BEFORE ADMISSION		d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
CC#		IARYLAND			BA:	LTIMORE		YES 🔀 NO 🗌			RNE AV	ENUE, 21	230
2	14. F	ATHER'S NAME		MIDDLE		LAST	15	MOTHER'S MAID	EN NAME	MIDDLE		LAST	
200		WARNER		Н.		VEN	10 17	DAISY		M.		BAILEY	
1		WAS DECEASED EVE ES, NO, OR UNKNOWN)	(IF YES, GIVE WA			CIAL SECURITY		INFORMANT		ADDR		71837	
1		NO				<u>8-14-635</u>	53	GEORGE A	IKEY_	R.D.2;	LEWISB	URG, PA.	
		18 CAUSE OF DEA	ATH (Enter only) WAS CAUSED B	one couse per line f								APPROXIMAT BETWEEN ONSE	T AND DEATH
VAL.			IMMEDIATE	CAUSE (o) AT				ardiovasc	ular d	Isease		1 1	
AND MENTAL HYGIENE, B ATION, OR REMOVAL.		Conditions, if	anv. which	DUE TO, OR A	S A COI	NSEQUENCE OF							
R RE		gave rise to couse (a) stati	immediate	(b)	5 4 601	NSEQUENCE OF							
Z,		lying couse los			S A COI	NSEQUENCE OF							
ATIO		PART 2 DITHER SIGNIFIC	ANT CONDITIONS COL	(c)NTRIBUTING TO DEATH BU	T NOT PEL	ITED TO THE TERMIN	AL DISEASE OR	CONDITION CIVEN IN B	10T 1 (=)				
JRIAL, CREMATION, C	Z		-	THE PERSON OF TH	THE TREE	THE TE THE TERMINA	AL DISEASE OR	COMMITTION GIVEN IN PA	AKI I (Q)				
Ü —	¥ ¥	190. DATE OF OPE	RATION	196 CONDITI	ON FOR	WHICH OPERAT	TION WAS	PERFORMED?				2D AUTOPSY	?
SUKIAL 2	CERTIFICATION	- L										YES 🗆	NOV
13	CER	21a EXTERNAL CA		21b. TIME OF		DAY YEAR	21c. HOW	INJURY OCCURRI	ED (ENTER NAT	URE OF INJURY IN THE	M 18 PART 1 OR PA		
5		UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH	19							
	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE OF			211 LOCA STREE			ITY OR TOWN		DUNTY	STATE
1	2	WHILE AT WORK	WORK	J.REEL, FACTO	, sanm, t		SIKE			III OK SOWN		70141 T	STATE
D, 2				of the remains descr	ibed ob	ove, held an	Autopsy	, Inspectio	n [X],	Inquiry .	and in my o	pinion	11.79
Z Z		death resulted fro		(X,X	Accident	, Suici		Homicide .		ined manner],		
MARYLAND,			N.	-1 - N	. 1	/ .		TITLE (SPECIFY)					
E, M		ACTUAL SIGNATURE	MOHEN	to m	ey	nel	M.D.	Assistan	† MEDICA	L EXAMINER	DATE	FD 7-27-	84
BALTIMORE, N		EXAMINER'S NAM	F Marka	rito A V	oral	IMD		111	Dan C	A		V TON	
1		(TYPE OR PRINT)	Harga		-,	l,M.D.		DKE35	Penn S				
ń	(URIAL, CREMATION			23с.	NAME OF CEME			23d. LOCA	TION	cou	INTY S	TATE
		BURIAL UNERAL DIRECTOR		7-30-84		LOUDO	ON PAI		BAI	TIMORE		MARYLA	ND
	1	NAME	VIII A =	ADDRESS			21229	001	Z UR	984 File	EGISTRAR'S	NOW WELL	2
(5))	HI	JBBARD FUN	ERAL HO	ME, INC.	410	7 WILKEN	NS AVI	<u>.</u>		4			*

THE RESERVE OF THE PROPERTY OF

A CONTRACTOR OF THE PERSON OF PARTY OF



4	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST	N R. LANSINGER 20 DATE OF DEATH MONTH DAY YEAR 21 HOUR 7-17-84 1045 M
	3. SE	MALE	4. RACE CAUCASIAN S DATE OF BIRTH MONTH DAY YEAR 10-29-07 TO YRS. S DATE OF BIRTH WONTH DAY YEAR TO WORTH DAYS HOURS MIN.
S S		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED SALTIMORE CITY OF COUNTY OF DEATH WIDOWED DWORCED W BALTIMORE MD.
Settled of the	F	SALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RON SECOURS HOSP. (179E OF WORK FOR MOST OF WORKING LIBE) CARPENTER
hould be		MD RA	LTIMORE CATOLYGUILLE YES NOW SIG WINTERS LANE ZIZZ
completely and 2 sh		THOMAS	LANSINGER MARY RUTH DEAN
n ond n ond medica			TABLE SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BON SECOUTES HOSP
ertificate b ng physicio pon popers removol.		PART I. DEATH WAS CAUS	APPROXIMATE MIRRYAL BETWEEN ONSET AND DEATH ED BY: ACUTE RESPITATORY INSUFFICIENCE 3 DAYS APPROXIMATE MIRRYAL BETWEEN ONSET AND DEATH ACUTE RESPITATORY INSUFFICIENCE 3 DAYS
if the deoth certify the ottending procession or remove corbon cremotion, or remither troumotic evil	L	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF VITIS Rt. BASE ZWKS.
y the		cause (o), stating the underlying cause lost.	DUE TO, OR AS AFPAISEQUENCE OF OBSTRUCTIVE LUNG DISEASE 12 YEARS
quire; signe then p to bui	TION		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 ASCUTO — CONGESTIVE HEART FAILURE COMPENSATED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1206 AUTOPSY? 1706. IF YES, WERE FINDINGS USED
The low ricion. te hos beer sit permit giene prio shows any	CERTIFICATION	190 DATE OF OPERATION 716. ACCIDENT WAS UNDERLYING	YES NO YES NO NO
IYSICIAN: The low reduing physicion. Is certificate has been buriol-transit permit. I Mental Hygiene prior retem 18 shows any in them 18 shows any in them.	MEDICAL CI	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL FXAMINI 214 INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR
ING PHY of the this os the bull though M	ME	WHITE NOT WHITE AT WORK	(AT HOME_STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
ATTEND ospitol o ospitol o d for use of Heo		saw the deceased alive o	ot) view the body ofter deoth.
by the hos by the hos ERAL DIREC se detoched Stote Dept. ANT: If Item	1	Ogcar E	Fernandin M.D. ATTENDING MODICAL STAFF 7-18-84
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote		OSCAR E.	FERNANDINI M.D. 5550 BALTO, HAT'L PIKE, BALTO, MD.
BP	B	BURIAL, CREMATION, REMOVA (SPECIEY) UNERAL DIRECTOR	7/19/84 MEADOWRIDGE "CITYORIOWN HOWARD STATE
HMH - 16 50M 4/83 (VRA 15, 4)	W	BER FUNERALH	OME FOMERIO SON AVE JUI 26 1984 Gillia Davidson-Pomera



March States - X - Baltimore Clay, Tolliet . Tolerage - not-pell tolliet Ball timores Y COLT FLORE St. / 20221 Beomit 198 -- - beaters RIUD al _id_log: Awdin Kelen 91 : Covered Bridge 3d./IE # Buriel July 10.1980 Cardon: . Finit. 391 299 20.. 14.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 20 DATE OF DEATH MONTH 76. HOUR 1 . 30P M July 1 Lawrence 1984 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER TYEAR MONTH DAY YEAR

- 1	l'ale	White		5-5-1	897	87	YRS.		
4	To BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY? 8.	ARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
7	ML	U.S.+	4	OWED	DIVORCED [Baltimor	e City		MD.
8	18 CITY OF TOWN OF DEATH		OSPITAL, NURSING HO		HER INSTITUTION	120 USUAL OCCUPA		12b. KIND OF E	BUSINESS OR
2	Baltimore	, , , , , , , , , , , , , , , , , , , ,	nd General		tal	Carpenter		Carpen	ter's
5	USUAL RESIDENCE (IF NURSING HE 130. STATE	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN	SION)	NSIDE CITY LIMITS?	130 STREET ADDRESS	2 4 4	Union Avenue-	
U	14 FATHER'S NAME FIRST Willia	m B. Lauren	LAST ICE	15. N	OTHER'S MAIDEN NA	WIDDLE		LAST	
1	160 WAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY	NO. 17 11	IFORMANT	ADD	RESS		2122
	No		216-01-14	58 M	iss Virgie	G. Lawrence	e - 120	S. ELL	wood Av
	Conditions, if ony, whi gove rise to immedic cause (a), stating t	ich obe hithe bus to, or	AS A CONSEQUENCE Probably S AS A CONSEQUENCE INTRIBUTING TO DEATH	of econd of	ARY TO PED		NDITION GIVE		
1	SE IN DATE OF OFERATION	176 CONDI	NOTITION WITHER OF EN	CATION WA	J LKI OKMED	YES NO	IN CERTIFY	ING CAUSES O	
7	OR OF THE STREET	OF DEATH HOUR A.A	A. MONTH DAY		HOW INJURY OCCUR	RED (ENTER NATURE OF IN	BURY IN ITEM TO PAI	R1 OR PART 2}	
	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	ET. FACTORY, OFFICE, FARM, E	TC)	LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	27a certify that (4) (this saw the deceased of		1, 19 84	ne 26	, 19 <u>84</u> t in (m ½ (our) opinion	deoth occurred on the	date and hour		ot (X (we) lost uses stated
	77h SIGNATURE	boll	NOD	DEGR	D ATTENDING PHYSICIAN [MEDICAL ST	AFF SICIAN D	7/1/8	SNED 24
ii .	22d PHYSICIAN'S NAME	(TYPE OR PRINT)		72e	ADDRESS			. / -	

shauld be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bur APORTANT: If them 21 is morked ar them 18 shows ony FUNERAL

DHMH - 16 50M 4/83 (VRA 15, 4)

C, SCHMIDT 23a BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY Burial

FOR

- STATE

(TIME ON PRINT)

1. SEX

REGISTRAR

William .

4. RACE

DECEASED NAME

231 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

c/o Maryland General Hospital 23d LOCATION

Balto. COUNTY

STATE

24 FUNERAL DIRECTOR Miller Inc-6415 Belair Rd. -21206 250 DATE REC'D. BY REGISTRARIA REGISTRARIE SIGNADURE ...

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		Ly Becomings to P		
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		1616-14	a inc-115 behain	or . willow



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

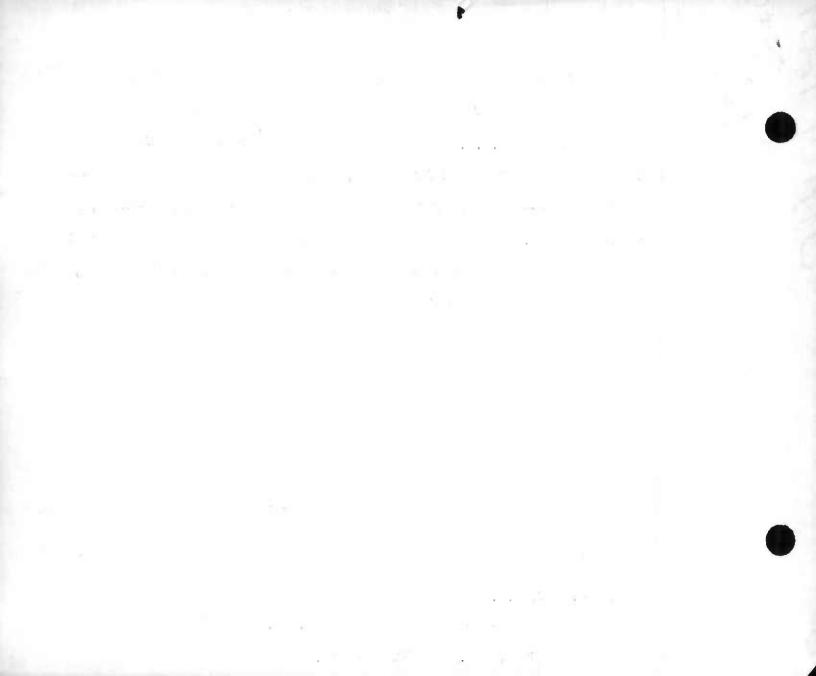
REGISTRAR		CERTIF	ICATE OF DEAT	H	REG. NO).			
1. DECEASED NAME FIRST	MIDDLE	ı	AST				OAY YEAR	26 HOUR	₹
(TYPE OR PRINT) HAZEL	FANNIE	LE	DLEY			07	04 84	830	4 M
	RACE	5. DATE C	F BIRTH		AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 2	4 HRS
FEMALE	WHITE	03	23 0	EAR .	79	YRS.	MONTHS DATS	HOURS	MIN.
70 BIRTHPLACE STATE OR FOREIGN 7	LOTIZEN OF WHAT COUN	JTRY? 8		9	BALTIMORE CITY OF		OFDEATH		
COUNTRY)	II O A	WIDOWE	D NEVER MARRI		BALTIMORE	CTTV			440
NORTH CAROLINA	I. NAME OF HOSPITAL, N				26 USUAL OCCUPATION		126 KIND O	E BUSINES	MD.
	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)			TYPE OF WORK FOR MOST OF				
USUAL RESIDENCE (IF NURSING HOME OR O	2008 LETT	BEFORE ADMISSION	UE, 21230		HOMEMAKEI	ζ	-		
13e. STATE 13b. COUNT	TY 13c CITY OR	NWOT	13d INSIDE CITY LIA	MITS?	3e STREET ADDRESS /				
MARYLAND	- BALT	IMORE	YES NO		2008 LETI	'IA A'	VENUE,	<u> 21230</u>)
14 FATHER'S NAME FIRST M	IDDLE LAS	ī	15 MOTHER'S MAIL	DEN NAMI	MIDDLE		LAS	1	
BURGIN P	LANC	CE	BLANC	HE			GILLE	SPIE	
160 WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE:	iS			
NO		74-8303	WILLIAM :	LEDLE	Y 2008 LET	AITI	AVENUE	, 212	230
18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and Ic)					BETWEEN	MATE INTERV	PEATH
PART I. DEATH WAS CAUSED IMMEDIATE		PIORESPI	RATORY	AC.	REST				
IMMEDIATE									
Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF					_		
gove rise to immediate	(b)								
cause (a), stating the underlying couse last.	DUE TO, OR AS A CONS	SEQUENCE OF							
	(c)								
PART 2 OTHER SIGNIFICANT CO SEVERE PARKIN	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	HE TERMIN	IAL DISEASE OR COND	ITION GIV	1 BULLE	US PEM	191116
SEVERE PARKING 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	WICH OBERATIO	LIVES DEBEODUED	KOZK	200 AUTOPSY?	JOH IEVE	S, WERE FINDIN	ICS USED	
DATE OF OPERATION	190 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		700 AUTOPST		FYING CAUSES		
1					YES NO	YE		NO []	
OR CONTRIBUTION CAUSE OF REAL	HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	r IN ITEM 18 F	PART I OR PART 2)		
4 IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19							
OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21e PLACE OF INJURY	ASSIVE SABAR STOLL	211 LOCATION		EITY OR TOV	VN.	COUNTY	ST.	ATE
AT WORK NOT WHILE AT WORK	TATIONE STREET PACTOR O	THE TARM ETC.)							
22a 1 certify that (I) (this hospite	attended the deceased f		//3 19	8/	10 OGATH		19	that (b)	e) lost
sow the deceased alive on_ obove, (1) (we) (alid) (did not)	5/2	19 84 or	nd that in (my) lour	opinion de	ath occurred an the da	te and hau	ii and from the	couses stol	ted
276 SIGNATURE	view the body offer death.		DEGRÉE				22c DATE	SIGNED	
Walt J. a	UTIMO		ATTEN		MEDICAL STAF		7/6	189	>
22d. PHYSICIAN'S NAME (TYPE OR			22e ADDRESS	CIAN M	DIRECTOR PHYSIC	AN	1/1/		
WALTER J. ALT,					ELL ROAD				
(SPECIFY)	23b. DATE		EMETERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	51.	ATE
BURIAL	07-07-84	MEADOWR	IDGE MEM.		ELKRIDGE	HOW		RYLAN	1D
24 FUNERAL DIRECTOR			21229	250 DATE	REC'D. BY REGISTRAR	156 REGIST	TRAR'S SIGNAT	URE	

DHMH - 16 50M 4/83 (VRA 15, 4)

APORTANT If Hem 21 is morked on

14 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

Triidyn Prodell



SETARD OF HEALIN AND MENTAL HYGIENE

20 DATE OF DEATH MONTH

YEAR

7h HOUR

CERTIFICATE OF DEATH

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

(VRA 15, 4)

71.07./384 715 estimate 0 6 798 etc 3.3

3 118

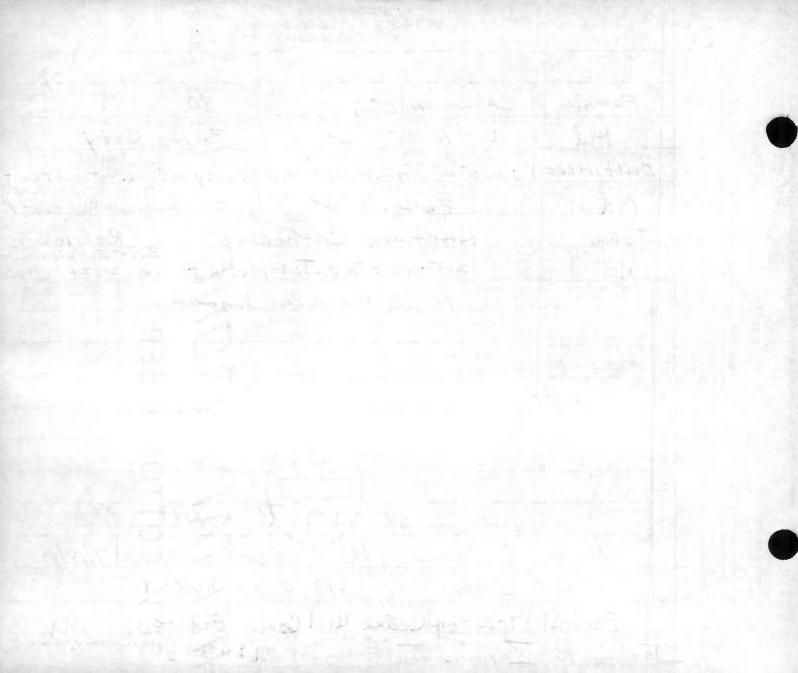
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DIVISION OF VITAL RECORDS,

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					STATE OF MARYLAND	0 1	8 8 1 5
		1.	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL	HYGIENES 6	a to .
	4	Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	WIDDLE	LAST	To DATE OF DEATH	DAY 1844 NLHOUR
Pe	deoth	(11)	Lula	Mae	Leito	July	17 1984 4:30 Pm
you	50	3 SE	(4 RACE *	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR HEAR)	# UNDER LYEAR # UNDER ZATHES.
	urs of		Female	CAUCASIAN	July 29, 190	2000	CHONING SAIS HOURS MAN.
4 5	2 25		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
	cid Co		10101.	(C, 3.14.	WIDOWED DIVORCED		CITY MD.
(IVII)	OCH MILE	10. C	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION ADDRESS) AIR MOUNT AU	(TYPE OF WORK FOR MOST OF WORKING	
		USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		re Conveyer Op	er NATIONAL BISHIP
AND 2	should b	13a S	TATEM & 136 COUP			3205 E. FAIRM	ount Ave 212.24
RYL within	2 st	14. F.A	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	
, MAI		-	John	HART,	MANI CAthe	erine	Ronicker
VRE,			AS DECEASED EVER IN U.S. AR	MED FORCES? 165 SOCIAL SECU	RITY NO. 17 INFORMANT		65 E. FAIRMOUR
OW e	Pages	(A O	215-01	-0831 MR. JOS	eoh Haptusi	2/224 Aug
ALT of the b	of.		18 CAUSE OF DEATH Enter or	nly one couse per line for Ipy, (b), on	1011	P A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
onfico	mavent,		PART I. DEATH WAS CAUSE	DBY:	To Museuden	O Tolouter	BETWEEN ONSET AND DEATH
S Cert	rbo rre fic e		IMMEDIA		a region as	70 00	
Ott the safe	on, o		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	1	
<u>a</u>	Troi		gove rise to immediate	(b)			
> ± ±	crer ther		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
201	rial,			(c)			
	Then tabu	NO	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION (GIVEN IN PART 1 6
RECORDS	prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	w Ne	TIFE				YES NOT	TIFYING CAUSES OF DEATH? YES NO NO
VITAL N: The system of the broade by	unol-transit tental Hygie tem 18 sho	CER	71a ACCIDENT WAS UNDERLYING		21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM)	
	ental tem 1	AL	OR CONTRIBUTING CAUSE OF DE	AIN .	Y YEAR		
PHYSIC ending	50 2	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		
DIVISION OF ING PHYSICIA T attending p	os the th ond orked o	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE F	ARM. ETC } STREET	CITY OR TOWN	COUNTY STATE
N N N	use teol			tal) attended the deceased from_	, 19	77. to 7/17	_, 19, that (I) (we) lost
R ATTE hospite	of to		sow the deceased plive an above, (1) (we) (did) (did no	t) view the body after death.	ond that in (my) (our) api	nion death accurred on the date and h	our and from the couses stated
OR b	sept tem		276 SIGNATURE	00	DEGREE		221. DATE SIGNED
	detack hote De		mortor	L. C. Ornen	ATTENDIN PHYSICIA	NG MEDICAL STAFF	7/18/84
HOSPITAL inned by th	Pe Ste		224 PHYSICIAN'S NAME (TYPE C		22e ADDRESS	Topod	11110101
			Moreton (· ORMAN	2436 E	BACTOURES	
0 e o o o	€ 3 <u>₹</u>	23a. E	URIAL, CREMATION, REMOVAL	23b DATE 23c.1	IAME OF CEMETERY OR CREMATO		
BP_		(SPECIFY BURIA	7-21-8110	edas 1911 Ca	M Bills	COUNTY MA DITATE
DHMH - 16	50M 1/P1	24 FU	INERAL DIRECTOR		263 South 150	DATE REC'D. BY REGISTRAR 251 REG	ISTRAR'S SIGNATURE 47.00
(VRA		-	OSCALA NI	40 ALALLANDO -	CONWINGSY "	1111 1 9 1984 grina	And to the state of the state o
	_	-				VVL	



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

7		FOR STATE REGISTRAR		DEPARTA	CERTIFI	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH		REG. NO.	8 3	1 0
		CEASED NAME FIRST		MIDDIE	Le	MON	26. DATE OF D	7	7 84	26 HOUR 800
	3. SE)	emale	A RACE BIA	ck	5. DATE O	F BIRTH DAY YEAR 14 09	6 AGE INVEAR	YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 H
10	(RTHPLACE (STATE OR FOREIGN OUNTRY) OF THE Caralina U.		WHAT COUNTRY?	MARRIED WIDOWE	DIVORCED		CITY OR COUNT		
34		11to. City	11. NAME OF	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	170 USUAL OC	CUPATION OR MOST OF WORKING		F BUSINESS
35		TATE 136 C	ME OR OTHER INSTITUTIO OUNTY	13 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP COL	× 5+ 0	21230
100	14 FA	THER'S NAME FIRST	MIDDLE	Bigger		15. MOTHER'S MAIDEN NA		AIDDIE	Nel	ley
/ medica	16a V	VAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES)	215-14		Nellie Le	wis 12	ADDRESS 18 Baya		MATE INTERVA
iry, or other traumatic eve	7	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse los	h (b) DUE TO. (c)	OR AS A CONSEQUE	ENCE OF	ors KASCU City V/C. NOT RELATED TO THE TERM	lush soc er + Ce	luli his	IVEN IN PART I	a·
ony inpu	CERTIFICATION	19a DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20e AUTOPS	IN CERT	ES, WERE FINDI	
or Item 18 shows		71a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUP		E OF INJURY IN ITEM TO	PART I OR PART 2)	
p	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	(TITY OR TOWN	COUNTY	STAT
21 is		220.1 certify that (1) (this sow the deceosed olir above, (1) (we) (did) (d	/e on	7 19	1	d that in (my) (our) opinion	deoth occurred o	n the date and he		
MPORTANT: If Item		226. PHYSICIAN'SINAME	TYPE OR PRINT)	11h	no lin	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	7/22. DATE	8/8
IMPORTA		SURIAL, CREMATION, REMO	OVAL 236. DATE	14 1		EMETERY OR CREMATORY	23d LOCATI		COUNTY	STAT

Cedar Hill

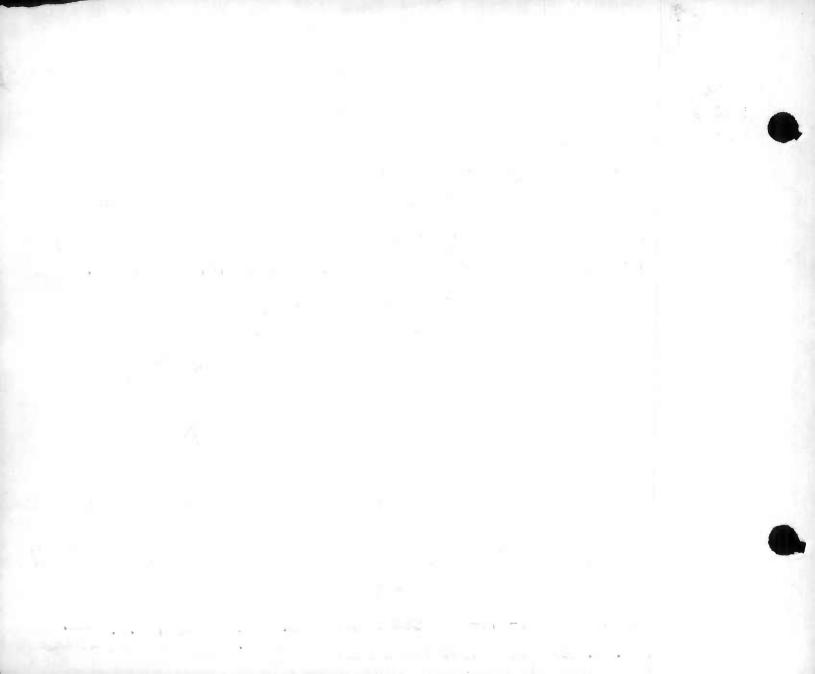
DHMH - 16 50M 4/83 (VRA 15, 4) Burial

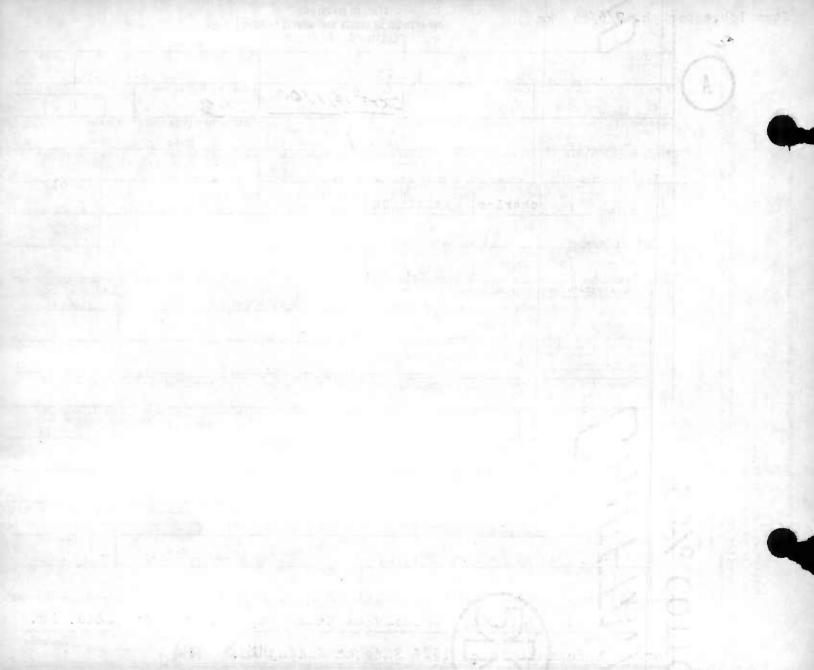
24 FUNERAL DIRECTOR
Chas. A. Rice FSPA 1300 Eutaw Place

7- 11-84

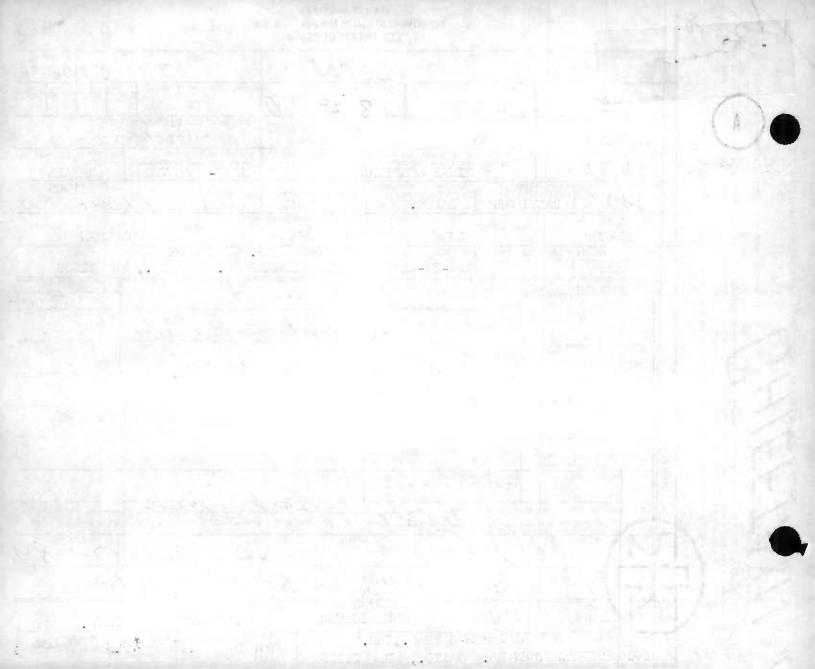
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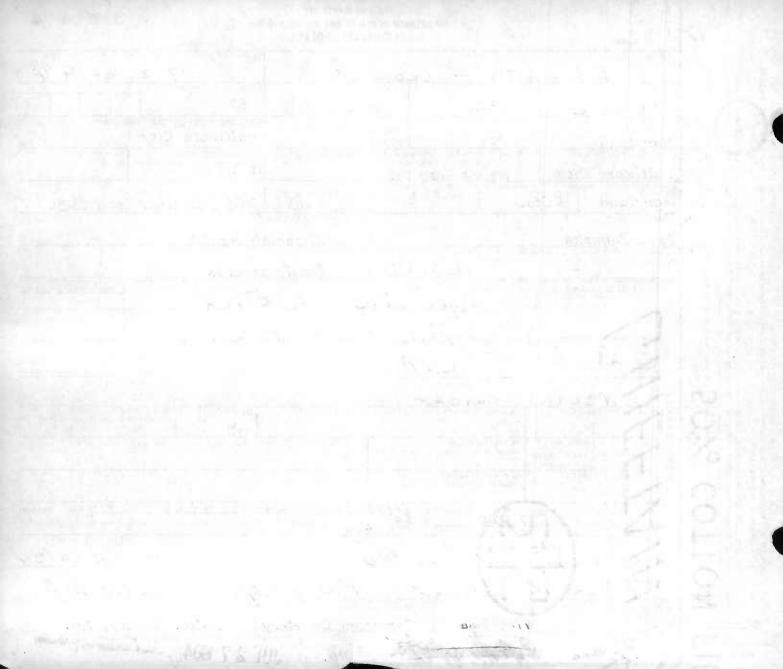
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K	5 8	1.	FOR STATE			DEPAI	RTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 8	d. j	1 8	3	1 8
/0	n 5		REGISTRAR						EAIN		REG. NO.			
	be 3		OP PRINTI	FIRST CIIS	M	NDDLE	1	=ON	/	20. DATE OF D	EATH MONTH	1 A	201	6:25 R
	poge r deat	3. SE			RACE		5. DATE C	F BIRTH		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER	TYEAR IF UN	NDER 24 HRS
	M		MALET		CAUCA		MONT	7 29	140	Y	3 YR		DAYS HOU	RS MIN.
	C A . 186		RTHPLACE (STATE OR FOR	EIGN 76	. CITIZEN OF V		RY? 8.	NEVER A	AARRIED -		CITY OR COU	. ~ 1	. 0	
	100		MARYLAND		USA		WIDOWI		VORCED		BALTIMOR			MD.
10	1 4/2	10 C	TY OR TOWN OF DEATH		1. NAME OF H	IOSPITAL, NUR FRACILITY, GIVE STE SINAI H	REET ADDRESS)		INDITUTION	120 USUAL OC	CUPATION OR MOST OF WORKIN EMPLOYEI	GLIFE) INDU	STRY RETA	
BALTIMORE, MARYLAND 2120	bour d'in	USU 13e.	AL RESIDENCE (IF NURSING	HOME OR O	THER INSTITUTION	GIVE RESIDENCE BE		134 INSIDE C	ITY HAAITS?	134,STREET AD	DRESS		#2120)9
DNA	The state of the s		MD.		IMORE	BALTO		YES 🗌	ио ХХ	CA2	CH	=XOU	15	RD
RYL	The state of the s	14. FA	THER'S NAME	AA II	IDDLE	LAST			MAIDEN NA		MIDDLE		LAST	
MA	bond bond		EDWARD	1711	OUL	LEON			SELMA			HOLTZ	MAN	
RE,	d co	160 V	VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SE		17. INFORMA		S. LYNN	LAEON ^S			
IMC	Poor Poor	-	NO NO	14 765, 0176 1	TAN ON DAIES)	214-38-	-4205	6821	CHEROK	EE DR.	BALTO.	, MD	21 209)
SALT	sicio pers of.		18 CAUSE OF DEATH	Enter anly	ane cause per	line far (a) _{يو} (b),	and (c).)	1		~		BET	PPROXIMATE WEEN ONSET	NTERVAL AND DEATH
	phy on po emov		PART I. DEATH WAS		BY: CAUSE (a)	Co	rede	Or C	are	01/.			- 1.5	GOUT
N	ding or re					AS A CONSE	DUENCE OF	1	1	1 /	_			
ESTC	deat ove c tion,		Canditions, if any, v		(b)_	M	400	udu	al	14/Qu	1 Keo	1	20	7.
W. PRESTON ST	y the cremo		gove rise to immed cause (a), stating underlying cause		DUE TO, OF	AS A CONSE	DUENCE OF	0.7	Tour.	di.	00.0			
201	s the		PART 2. OTHER SIGNIF	16 11 17 60	(c)(Du	avy		27	-009	uy.	00/5/- 0/0		
DS,	sign hen to bu	Z	PART 2. OTHER SIGNIF)	A A A	NIKIBUTING	O DEATH KILL	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PA	RI IIa	
DIVISION OF VITAL RECORDS,	w res	CERTIFICATION	19a DATE OF OPERATIO	ON	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20e AUTOPS	Y? [20b. 1F	YES, WERE F	INDINGS	ISED
REC	nos b	FF								YES T	IN CE	RTIFYING CA	AUSES OF D	DEATH?
ITA	N. The	ERT	210. ACCIDENT WAS UNDER	LYING	21b. TIME OI			21c HOW IN	JURY OCCUR	RED (ENTER NATU	_			<u> </u>
N N	phys phys phys phys sol-tro fol H		OR CONTRIBUTING CAL			A. MONTH	DAY YEAR							
N	HYSKIA ding ph nis certifi buriol-ti Mental	MEDICAL	21d. INJURY OCCURRED		P.A 21e. PLACE C		19	211 LOCATIO	N					
VISIO	G Pt ond ond ked	M	WHILE NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFI	CE, FARM, ETC }	STREET		^	CITY OR TOWN	COUN	JTY	STATE
Ö	or of Affects of the mort		220.1 certify that (1) (t	nis haspita	(1) attended the	deceased fro	m . O A	(0)	yeu	10 7	eus s	10	that	(I) (we) last
	TEN TOR: or us of He	-	saw the deceased	alive an	1.	-/ 10		nd that in my	(aur) apinion	death accurred	on the date and	haur and fra		
	RECI RECI Ppt. o	-	abave, (1) (we) (did 22b. SIGNATURE	(didenat)	view/the body	after death.		DEGREE				220	DATE SIGN	IED .
	SPITAL OF			1/8	LAY	W)		TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		>-/-	-84
	TO FUNE should be with the S		228. PHYSICIAN'S MAN	E (TYPE OFF	0265	2100	U, 41	600 600	RE	TSPEXA	SPULL	J XQ	٠. ٧	
	BP	230	BURIAL, CREMATION, RE	MOVAL	7/3/84	2	CHERN	EMETERY OR C	REMATORY	ROSE		BAL	ΓΟ.	STATE MD
		24 F	UNERAL DIRECTOR	SOL	LEVINSO	N & BRO	OS. INC	_	25e. DAT	E REC'D. BY REC	ICTD ADI 254 DEC	TICT DAD'C CH	CNIATIOE	
13	DHMH - 16 50M 4/82 (VRA 15, 4)		6010 REIST	ERSTO	WN RD	BALTO	MD	21215		11 6	084 Such	a Davids	on-Han	معاده
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



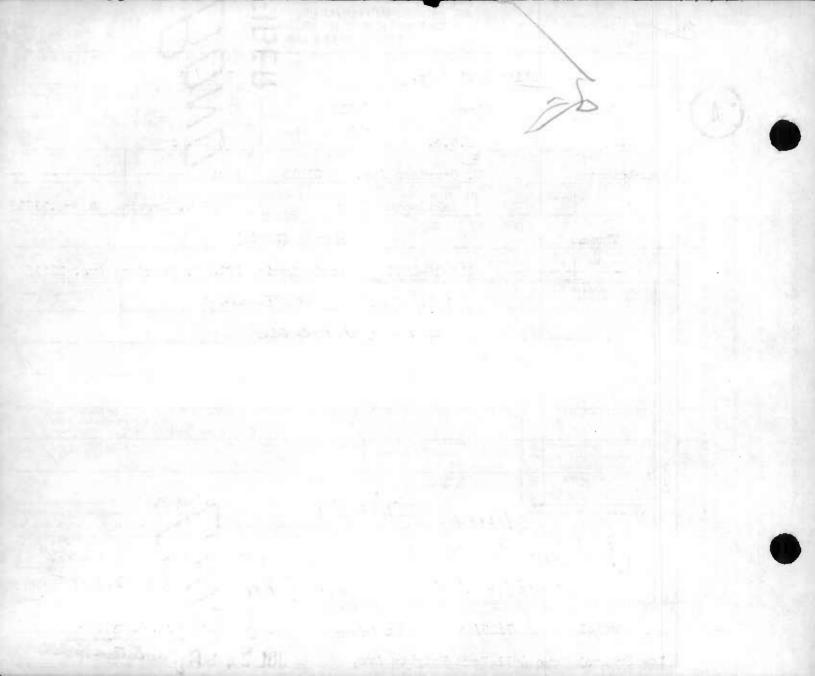
03	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	8 8 2 1
eoth second		OR PRINT) JANNETT	WIDDLE	LEWIS	JULY 15,1984	7:55A M
oth. Page 4 may	70. BI	MALE	RACE BLK CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH MONTH DAY YEAR 23 23 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	6 AGE (IN YEARS LAST BIRTIMDAY) YRS 9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	
by the fried with	10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
within 24 hour and a should be in a 2 sh	30A			'N 136 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 3506 FORES ME MIDDLE	PARK AVE.
ORE. M		VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (1F YES, GIVE W	VAR OR DATES)	URITY NO. 17 INFORMANT	ADDRESS	Cox
res that the additionalities by the attending physical plants or the attended physical plants or the transfer a remarkel.		PART 2 OTHER SIGNIFICANT CO	couse per line for (0), (b), or BY. CAUSE (0) CAR DIO DUE TO, OR AS A CONSEOU (b) META: DUE TO, OR AS A CONSEOU (c) CARCO	RESPIRATORY ENCE OF STATIC SMA	UNG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH S DAYS.
E low ratio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
TENDING PECC STA	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IN EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospital sow the deceased alive on obove, (1) (we) (did) (did not)	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE) 1) ottended the deceosed from	AY YEAR 19 211 LOCATION STREET	CITY OR TOWN death occurred on the date and how	COUNTY STATE
O HOSPITAL OR A resilved by the hospital DIRECTOR IN the Store Dispital Control of the deteched of the Store Dispital the Store Dispital of the Store Disp		226. SIGNATORE AUGUSTA 226. PHYSICIAN'S NAME (1496 ORP R + MACHO	Augus a	220 ADDRESS JOHNS HO	MEDICAL STAFF DIRECTOR PHYSICIAN P	7.15.84 BALT, MD
BP	B	SPECIFY)	7-20-84 A	RBUTUS	23d LOCATION CITY OR TOWN	COUNTY MD STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	J . F	AMES A. MOCT	on & Sons ADDRESS	1701 LAURENS STIJU	TE REC'D. BY REGISTRAR 251, REGIS IL 1 7 1984 Julia 1	Tavidson-Pandole



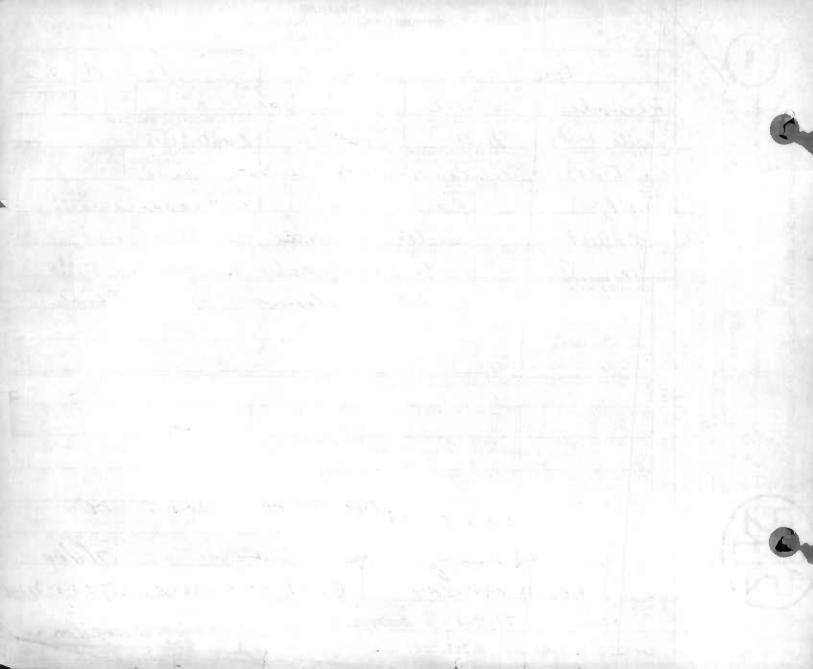
Law Funeral Home 4611 Park Heights Ave

(VRA 15, 4)

STATE OF MARYLAND



				STATE OF MARYLAND		0 /2 / 1
6	11.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE B 61	8 3 2
X	1.00	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	
		E OR PRINT)		1451	20. DATE OF DEATH MON	- 01/
	1.00	Rose	I RACE	Is DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
	3. SE	1	1 1 1	MONTH DAY YEAR		MONTHS DAYS HOURS
6	1	emale	While	1 23 1899	85	YRS
3/	/o. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR CO	OUNIT OF DEATH
1	10.0	ITY OR TOWN OF DEATH	LI NAME OF HOSPITAL NILL	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF BUSINES
11	R	Off-	(IF NOT IN SUCH FACILITY, GIVE S		TYPE OF WORK FOR MOST OF WO	
27	USU	AL RESIDENCE (IF NURSING HOME O	Mercal and DR OTHER INSTITUTION GIVE RESIDENCE B	FORE ADMISSIONI	esty New	4
300	130.	STATE 13b. COU	INTY 134. CITY OR	OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21214
3	14 E	ATHER'S NAME	pal	YES NO 15. MOTHER'S MAIDEN NA	3018 Lou	e letraces
EVV		FIRST	MIDDLE	FIRST	MIDDLE	LAST
2000	140	WAS DECEASED EVER IN U.S. A	RMED FORCES? [66. SOCIALS	ECURITY NO. 17. INFORMANT	Mary WEISS	5
medico		YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			21214_
u III	-	no	218-3	2-1906 REV. Stepher	n M. Anderson	P.O.Box 3615
event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b ED BY:), ond (c.)		BETWEEN ONSET AND D
	1		ATE CAUSE (a)	hat neoplasm		6mos
notic	1		DUE TO, OR AS A CONSE	QUENCE OF		
roor		Conditions, if ony, which	(b)			
		gove rise to immediate				
the		gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSE	QUENCE OF		
or other troumotic		couse (o), stoting the underlying cause lost.	(c)			
jury, or other	Z	couse (o), stoting the underlying cause lost.	(c)	QUENCE OF	MINAL DISEASE OR CONDITION	DN GIVEN IN PART 110
any injury, or other	ATION	couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM		
any injury, or other	IFICATION	couse (o), stoting the underlying cause lost.	(c)CONDITIONS CONTRIBUTING		200 AUTOPSY? 201	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
that es any injury, or	ERTIFICATION	couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 201 IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO NO
m 18 shares any injury, or	AL CERTIFICATION	couse (0), stofing the underlying cause lost. PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 21c HOW INJURY OCCUR	200 AUTOPSY? 201	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO NO
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	MEDICAL CERTIFICATION	COUSE (D), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFIER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH ER) P.M.	TO DEATH BUT NOT RELATED TO THE TERM IICH OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCUR	200 AUTOPSY? 201 IN	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO I
or Nem 18 shares any injury, or	7	COUSE (D), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFE THER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTE WHILE AT WORK	CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY 1 AT HOME. STREET, FACTORY, OF	TO DEATH BUT NOT RELATED TO THE TERM SICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET	200, AUTOPSY? 200 IN YES NO PRED (ENTER NATURE OF INJURY IN	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO I
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morked or item 18 shars any injury, or	7	COUSE (D), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHER MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this hosp sow the decosed alive of Chapve. (I) (Wee) (did) (did not cound to compare)	(c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY IAT HOME. STREET, FACTORY, OF	TO DEATH BUT NOT RELATED TO THE TERM SICH OPERATION WAS PERFORMED DAY YEAR 19 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET Om., ond that in (my) (our) opinion	200, AUTOPSY? 200 IN YES NO PRED (ENTER NATURE OF INJURY IN CITY OR TOWN	COUNTY STA
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	1 -	FOR STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	GIENE & A	j Ö 🧓	0 6 -1
		CEASED NAME FIRST	MIDDLE	(AST +	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		Herman		LINION	16-3 8	4	1200N
	3. SE)	Male	A White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	
875		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
20		MO	asa	WIDOWED DIVORCED		Balto. City	
13	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	. 1 // -1.7.	170. USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	on F working LIFE) INDUSTR' Signal Repa	Batty Cr.
205	USUA 13a S	AL RESIDENCE (# NURSING HOME OR TATE	3 ITY OR TO	ORE ADMISSION) 13d INSIDE CITY LIMITS? YES NO S	130.STREET ADDRESS	21	122 Rd.
Sa	14 FA	THER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN NA	AME	-	LAST
00		Gurdon	Link	in Lose	Kee	ter	1431
2	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 219–30		ADDRE hler, 3508 G	ss lenmore Ave	. 21206
			aly one cause per line for (a), (b),		0. /		OXIMATE INTERVAL IN ONSET AND DEATH
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			DUE TO, OR AS A GONSE	QUENCE OF	1/:/		
		Conditions, if any, which	((b) CNC	stuge Cronic K	enul failur	.0	
01110		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUEDCE OF I Insuncia	~		
y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CON	DITION GIVEN IN PART	lio
	NO	Spatus Post		work ago A	- 0 -		
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED ES OF DEATH?
0	RTIF	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tat. How Island occur	YES NO	YES 🗌	но 🗌
0		OR CONTRIBUTING CAUSE OF DE	THOUSE A SA SACRITU	DAY YEAR	RRED (ENTER NATURE OF INJUR	TINTEM IS PART (OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION			
	ME	WHILE NOT WHILE I	(AT HOME, STREET, FACTORY, OFFI		CITY OR TO	WN COUNTY	STATE
	1.8		ita) ottended the deceased fro	m 6-21, 19 &6	/	\$ 1986	, that (I) (Collast
		saw the deceased alive an	7-51) view the body after death.	Ju, and that in (my) apinior	death occurred on the do	ite and hour and from th	ne causes stated
		22b. SIGNATURE	C C C C C C C C C C C C C C C C C C C	DEGREE			TE SIGNED
		Colum	Chagen Jog	ATTENDING PHYSICIAN	MEDICAL STAF	IAN P 7-	-284
1		224 PHYSICIAN'S NAME (TYPE O	E Pagan L	22e ADDRESS	().	1 R.11.	- Mad 1 a 3
1	23n I	BURIAL, CREMATION, REMOVAL	11.0	IL NAME OF CEMETERY OF CREMATORY	123d LOCATION	T PALITIMA	m med rurs
		SPECIFY) Burial		Gardens of Faith	Balto.	Md . COUNTY	STATE
22		JNERAL DIRECTOR		25e. DA	TE REC'D. BY REGISTRAR		ATURE
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/83	I	eonard J. Ruck	, Inc.,5305 Har	ford Rd.	UL 6 1984	windon	4

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was all		I . Luck, L Funne.	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

LIPSITZ

S DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

1915 WHISTLER AVENUE, 21230

11

2a DATE OF DEATH

CERTIFICATE OF DEATH

DAY

02

REG NO

VEAR

2b HOUR

2:57

07 84 IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY)

56

9 BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED

BALTIMORE CITY

MONTH

12g USUAL OCCUPATION 12b KIND OF BUSINESS OR INDUSTRY

LITYPE OF WORK FOR MOST OF WORKING LIFES HOMEMAKER

13e STREET ADDRESS / ZIP CODE

1136 INSIDE CITY LIMITS? 1915 WHISTLER AVENUE, 21230 YES ST NO IS MOTHER'S MAIDEN NAME

AA IDDD E LILLIAN

POWELL

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT

YEAR

27

DIVORCED

FRANK A. LIPSITZ 1915 WHISTLER AVE. . 214-24-6853

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic

211 LOCATION

PART I. DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

MIDDLE

WHITE

Th CITIZEN OF WHAT COUNTRY?

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

LAST

STURGEON

BALT IMORE

MARY

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM ETC !

21b. TIME OF INJURY

21e PLACE OF INJURY

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

NOF

20a AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED

NO [

TOUND

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

EITY OF TOWN

Julu

2360 W. JOPPA RD : LUTHERVILLE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR LOWN BALTIMORE CITY

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNIMONS

224 PHYSICIAN'S NAME (1991 OF PRINT) MARVIN FELDMAN, M.D. 23a BURIAL CREMATION, REMOVAL

23b. DATE 07-30-84

22a 1 certify that (1) (this hospital attended the deceased from

abave, (1) (we) (did) (did not view the body ofter) death

LOUDON PARK

21229

DEGREE

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

(VRA 15, 4)

should be MPORTA

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

CERTIFICATION

- STATE

COUNTRY

13a. STATE

ould

Thed

60

SEX

REGISTRAR

FEMALE

MARYLAND

BALTIMORE

MARYLAND

14. FATHER'S NAME

NO

TO BIRTHPLACE (STATE OR FOREIGN

IO. CITY OR TOWN OF DEATH

ELMER

LYES, NO OR UNKNOWN)

SELMA

113b COUNTY

IAN WAS DECEASED EVER IN U.S. ARMED FORCES?

couse (a), stating the

underlying cause last

190 DATE OF OPERATION

71a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER: 21d INJURY OCCURRED

NO! WHILE

saw the deceased alive an _

AA IOO LE

LIF YES GIVE WAR OR DATEST

4 RACE

DECEASED NAME (TYPE OR PRINT)

22h SIGNATURE

BURLAL



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 7a. DATE OF DEATH MONTH 2h HOUR DECEASED NAME MIDDLE TYPE OR PRINTI 1984 3:45PM TAMES LOCKETT & AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH HOURS YEAR 10 male black BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Virginia U.S.A. WIDOWED DIVORCED A BALTIMORE CITY 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHURCH HOME HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1601 Normal Avenue 21213 Baltimore YES X NO Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Andrew Lockett Redd Rosa ADDRESS 17 INFORMANT to WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 213-07-1899 Irene Lockett 1601 Normal Avenue NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) HUGE INFECTED SACRAL DECUBITUS ULCER CARCINOMA PROSTATE DUE TO, OR AS A CONSEQUENCE OF TO LIVER AND BONE METASTASIS Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF CHRONIC CONGESTIVE HEART cause (a), stating the underlying cause last. FATLURE RENAL FATLURE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. JE YES, WERE FINDINGS USED 19a DATE OF OPERATION 200 AUTOPSY? DEBRIDEMENT OF NO DECUBITUS IN CERTIFYING CAUSES OF DEATH? NO I DEKRIMENABSCESS SACRAL AREA NOT YES [JUNE 22, 1984 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC 1

1084 and that in (my) (auXapinian death occurred on the date and hour and from the causes stated

22c DATE SIGNED

22d. PHYSICIAN'S NAME ITYME OR PROMITE

226. SIGNATURE

NOT WHILE

230 BURIAL CREMATION, REMOVAL 236 DATE

PRASAD SOMPALLI

7/6/84

220 | certify that (1) (this XXtal) attended the deceased from JUNE XX

236 NAME OF CEMETERY OR CREMATORY

DEGREE

Arbutus Mem. Pk.

22e ADDRESS

CHURCH HOSPITAL

MEDICAL DIRECTOR PHYSICIAN

100 NORTH BROADWAY

Arbutus.

COUNTY

Md STATE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(VRA 15, 4)

0

BP.

BURIAL

Wm C MArch F/H Inc. 1101 E North Avenue

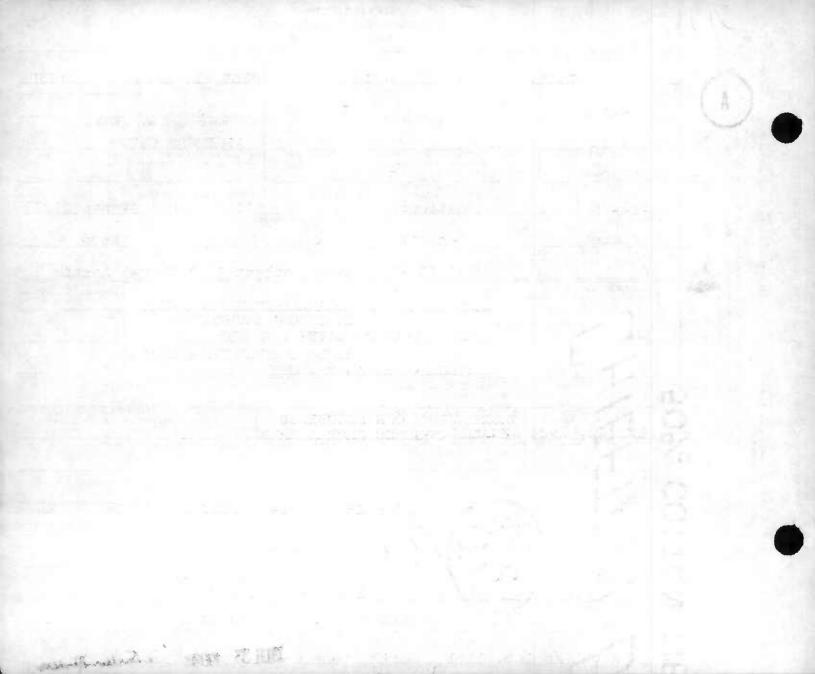
sow the deceased oliver on TILLY 1 above, (1) (wXXid) (did not view the body within death,

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

84

PHYSICIAN

Leville Britan



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1:55PM	21 84	07	ORDEN	L	М	EDNA
		59	28, 1924	JULY	White	Female
	CITY	BALTIMORE	Х		USA	Mary land
		Housewife	S HOSPITAL	HNS HOPKIN	THE JOH	BALTIMORE
21921	nson Drive,	118 West Thon		Elkton	cil	Mary land Ce
bo	Stwoo	00	Edna	rothers	-	George
	Md. 21921	orden, Elkton,	Timothy J. L	19-20-6388	2:	No
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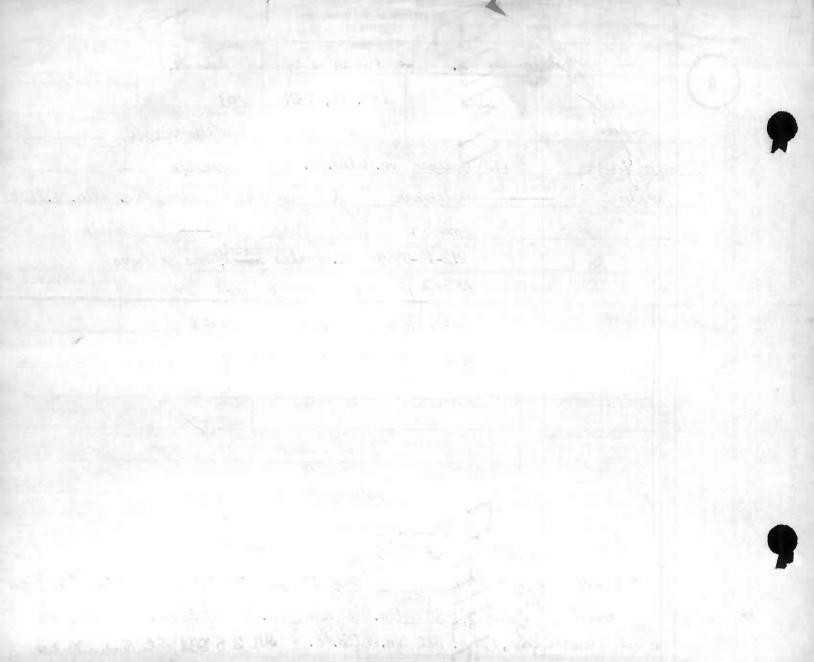
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🚉

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	1	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 189	20
	L	REGISTRAR		CERTIFICATE OF DEATH	FREG. NO.	
: 200		CEASED NAME FIRST LOTTE	middle M.	Ludwig	July 24, 1984	The Hour
m (A)	3. SE	х	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
960	1 0	Female	White	Feb. 16, 1921	9 BALTIMORE CITY OR COUNTY	LOT DE ATH
Jeath. P	/8 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (it	LU MD.
by the fulled with	1	Baltimore	1128 Battery		(TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
filled in by nould be file	130	trained at		WN 1134 INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE	re. Balto. Md. 212
uted within to and 2 sl	14. F.	ATHER'S NAME FIRST	MIDDIE Geisler	15 MOTHER'S MAIDEN N. FIRS	AME	White
BALTIMORE, tote be execut systicion and ca spers. Pages 1 yel.		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 212–16-	a (11)	Ludwig ADDRESS Same as abo	ove
			ly one cause per line (ar (a), (b), o D BY: E CAUSE (a)	RATORY FAIC	4 NE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ne death certifi e attending pt emotion, ar rema		Conditions, if ony, which		WENCE OF CEW CA	- Levals	
es that the red by the please remural, cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	JENCE OF EMPH 756	FMA	
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CONDITION GIV	EN IN PART 110
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TTENDIN potal ar TOR: Aft far use a: af Heolth		220.1 certify that (1) (this hospit saw the deceased alive an	7/84 19	, and that in (my) (our) apiniar	to death occurred on the date and hou	19, that (I) (we) last or and from the causes stated
he hoss DIREC Toched to Dept.		above, (I) (we) (did) (did noi	1 Stales		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
TO HOSPITAL TO FUNERAL should be der with the Store	Y	EN PATAL	1 1 11	903 6 - PE	TAPSCO AUS	BAGIMOYU
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	The state of the s	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Cully Funeral H	lome, 130 E.Fort		UL 2 5 1984 Sulia.	RAR'S SIGNATURE



may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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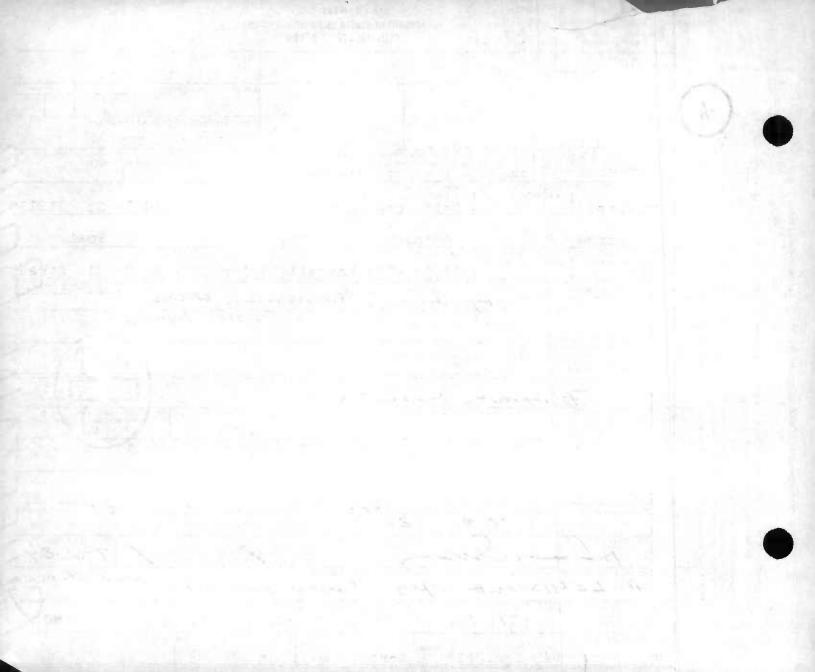
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		CEASED NAME OR PRINT!	FIRST		MIDDLE		LAST		2a. DATE OF		HINC	DAY YEAR	26 HOU	R
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·	3. SE>	(4. RACE	. 83	5. DATE C		WE AR	6. AGE (IN YE	ARS LAST BIRTHE		FUNDER TYEAR	IF UNDER	24 HRS
1	F	Female		Bla	ck	2	18	08	76 YRS.			MONINS. DATS	HOURS	MIN.
Ø	7a. B(RTHPLACE (STATE OF F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	APPIED T	9. BALTIMOR	E CITY OR	COUNT	OF DEATH	OF DEATH	
	S		na	U.S	5.A.	WOOWE		ORCED	BALTIMORE CITY,					MD.
Ĵ	10 CT	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120. USUAL O			12b. KIND O	F BUSINE	SS OR
	BA	ALTIMORE			East Bid		Street		(Incommons	On Milosi Gr		II ADOSTRI		
	USUA 13a S	AL RESIDENCE (IF NURSI	ING HOME OF		GIVE RESIDENCE BEFORE		113d INSIDE CI	TY HMITS?	13e. STREET A	DDRESS				
П	Ma	aryland			Baltim		YES X	NO 🗌			idd	le St.	212	213
1		THER'S NAME		MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME ,	WIDDIE		LAS	7	
1		George			Johns	on		nnie				Fos		
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRESS	5			-
	1.	NO	(11 163, 61	e wan on bales)	213-09-	0738	Marce	ella I	yler :	2827	E.	Biddle	Str	eet
		18 CAUSE OF DEATH	H (Enter or	nly one couse per	line for (a) (b), one	d (c).)	00-1	,		000		APPROXI BETWEEN C	MATE INTER	DEATH
		PART I. DEATH W		TE CAUSE (a)	greatens	JUCK	HKIEK	, osche	KONC	AVIC O	0			
		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF												
		Conditions, if any,		((b)_										
		gove rise to imm couse (a), status		DUETO	R AS A CONSEQUE	NCE OF				19.75				
		underlying couse	lost.	(c)_									111	
		PART 2. OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR COND	TION GIV	EN IN PART To		
-	CERTIFICATION	1	956	Bere	1 me	LC	rul -							
1	CAT	19a. DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOI			S, WERE FINDIN		
	TIF								YES 🗌	ПОИ		S 🗌	NO [
7		OR CONTRIBUTING		110110	FINJURY M. MONTH DA	Y YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTER NAT	JRE OF INJURY	NITEM 18,	PART 1 OR PART ?)		
	CAL	(IF EITHER NOTIFY MEDIC		A177		19								
	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY	ARM. ETC)	216 LOCATIO	N		CITY OR TOWN		COUNTY	51	TATE
	~	AT WORK NOT WH	RK R										-44	
1		220.1 certify that (1)			e deceased from_	14		, 19	, to	7-		19 4		
		saw the decease obave, (1) (we) (a	ed olive or did) (did no	ot) view the body	ofter death.	37.0	nd that in (my)	(our) opinion i	deoth occurred	on the dote	and has	ond from the	couses sto	ted
	71	22b. SIGNATURE		, (1		DEGREE	TTENDING	X	CYAFF		22c. DATE	SIGNED	
		MI		70	u	2	-		DIRECTOR [STAFF PHYSICIA	N	1-16	2-0	7
		22d. PHYSICIAN'S NA			1.		22e ADDRESS	5	,	- 05	10	N.B	Ross	5474
		4.72	41-	SCHUM	- /	2	Chu	ecu H	D. (267				_5
		URIAL, CREMATION,	REMOVAL				EMETERY OR C		23d. LOCA			COUNTY		1
		BURIAL		7/14	/84 Ba	altir	more C	emeter	ry Bal	timo	ce,	2001111	Md	./

DHMH-16 30M 2/80 (VRA 15, 4)

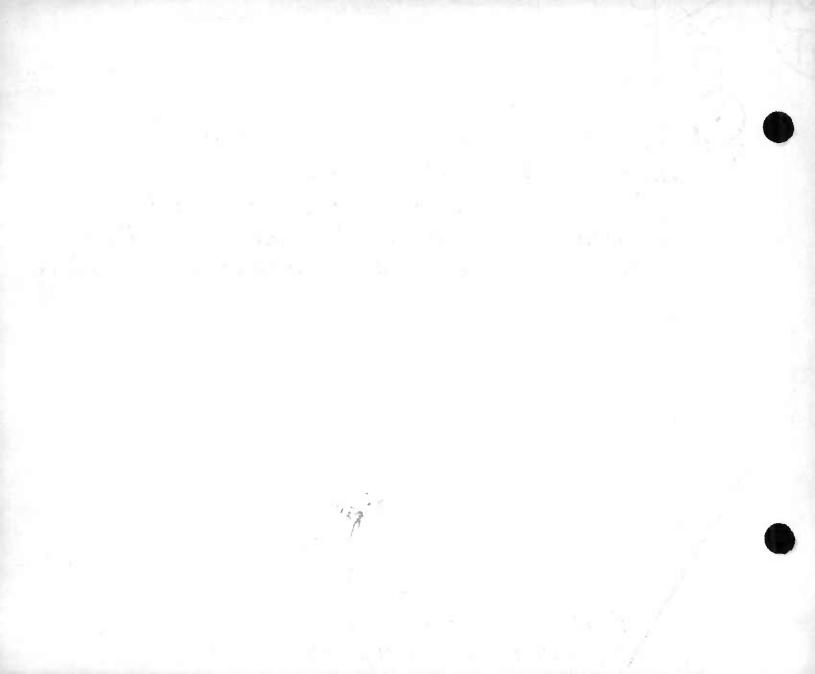
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers: P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shaws any injury, ar ather traumatic event, the

Wm C March F/H Inc. 1101 E North Avenue

250 DATE REC'D-BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	/1				STATE OF MAI	RYLAND			40.	42 63
	5	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH A CERTIFICATE (NE 8 4).	8 3	5 4
00 5420		1 DEC	EASED NAME FIRST OR PRINT)	WIDDLE	LAST	7	20. DATE OF DEATH	MONTH DAY	YEAR	HOUR
4 6 6		(117)	EDWIN	R	MACE	R		7-6	-84	10 PM
		3. SE)		4_RACE	5. DATE OF BIRTH	-	AGE (IN YEARS LAST BIR	(HDAY) IF U		IF UNDER 24 HRS HOURS MIN.
A Cha		-	nale	В	4 1	3 33	5/	YRS.		MIN.
	35	B	alte. Md.	76. CITIZEN OF WHAT CO	MARRIED LI NE	DIVORCED	Balto.			MD.
by the full ded with copiled	90	B	alto	Edewood	, NURSING HOME OR OTHER GIVE STREET ADDRESS)		120 USUAL OCCUPATI		126 KIND OF INDUSTRY	BUSINESS OR
filled in build be in flughter	35	USU/ 13e. S	L RESIDENCE (IF NURSING HOME OR TALE 136 COUN	OTHER INSTITUTION, GIVE RESIDE			3. STREET ADDRESS	ZID CODE	1St	2122
mpletel ond 2 st	300	14. FA	THER'S NAME	MIDDLE	Macer Ma	HER'S MAIDEN NAME	MIDDLE	M	acex	
e execut ond co Poges 1	1		(AS DECEASED EVER IN U.S. ARES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOC E WAR OR DATES)	11 INFO	raaret Ma	cer 3103	3 Thorn	field	Rd.
0 5 e			CAUSE OF DEATH (Enter on	ly one couse per line for to	o), (b), and (c).)	7			APPROXIM. BETWEEN ON	ATE INTERVAL
rtificate g physici on papel emoval.			PART I. DE ATH WAS CAUSE	E CAUSE (0) AQ	ens concinc	ma - r	nelastas	lic_		
th certin nding p corbon , or rem			174446	DUE TO, OR AS A C	ONSEQUENCE OF					
tent ten ten ve c			Conditions, if ony, which	(1b)	SINSE COLLINEE CI					
by the otten sse remayed, cremation, ather troum			gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A C	ONSEQUENCE OF	Parallel Marie Control of the Contro				
quires the signed be hen pleas to burial, njury, or a		NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMIN	HAL DISEASE OR CON	DITION GIVEN	IN PART Ito	
been frmit T prior ony in		ATIC	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION WAS PI	ERFORMED	20a AUTOPSY?		ERE FINDING	
×	9	IFIC					YES NO	IN CERTIFYIN	IG CAUSES C	NO []
SICIAN The ag physicion certificate hidi-tronsit pental Hygier Item 18 shov	0	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MO	NTH DAY YEAR	W INJURY OCCURRE	D (ENTER NATURE OF INJUI		OR PART 2)	
ding ding s ce buri Mer	4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	Y 211 LOC	ATION			COUNTY	STATE
offer the ost he of the ord or th		ME	WHILE NOT WHILE AL WORK	(AT HOME STREET FACTO	TO OFFICE PARM ETC.)	STREET	CHY OR TO	WN		STATE
N A A A S A A A A A A A A A A A A A A A			220 I certify that (1) (this hospi	A 0	0.11	19 89	10 graly	19.		ot (i) we) last
ATTE Spitt CCT of of n			sow the deceased alive on above, (1) we) (did) (did no	I vie the body ofter dec	th.	(my (our) opinion de	oth occurred on the de	ote and hour or		
OR A be hos DIREC oched oched Dept			22b. SIGNATURE	1 11	DEGREE	ATTENDING .	MEDICAL STAI	FF	226 DATES	GNED
BITAL by th LERAL De deto Stote			22d PHYSICIAN'S NAME (TYPE O	Hema	nden 1220 ADI		DIRECTOR PHYSIC	IAN []	17/11	184
TO HOSPITAL retained by the TO FUNERAL should be detroited with the State			Christine 1	K Herna	111	122 Reis	terstour	Rd R	eisters	HOWH MC
BP			URIAL, CREMATION, REMOVAL, SPECIFY) BUKA	7-10-84	Garrison For	OR CREMATORY	23d. LOCATION CITY OR TO Y	Ito. 1	थ्ये.	STATE
DHMH - 16 50M 4/83	3	24. FL	INERAL DIRECTOR	11001-1	ADDR. / / / / /	A 250 DATE	REC'D. BY REGISTRAR	osb REGISTRAL	'S SIGNAL	Hall
(VRA 15, 4)		1	eroy O. Dyett	4600 LIBE	rry 11915.	HOW JUL	1 6 1984	COVID WIND		



1.0	REGISTRAR ECEASED NAM	F FIRST	ME	MIDDLE	ER'S CERTIFICA		REG. NO		YEAR 726 HC
(1)	PE OR PRINT)	Gary	, T	ee	Madeira		ATE KNOWN XX		
3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER TYR. IF L	JNDER 24 HRS. 2c [DATE	7-8	19 84 YEAR 2d HC
M	lale	White	Feb. 15,	1959 25 YE	months onto		IOUNCED DEAD	7-8	1984 9:0
F	OREIGN COUNTRY)	TATE OR	76. CITIZEN OF W		8 MARRIED NEVER	MARRIED M	LTIMORE CITY OF	_	
	ryland	OF DEATH	U.S.A		WIDOWED D		Baltimore	-	IND OF BUSINESS
	Baltim		(IF NOT IN SUCH F)	ACILITY, GIVE STREET ADDRESS)	t (in street	FOR MOST OF	F WORKING LIFE)		ntruction
	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSI	ON)			100	ntruction
	STATE Laryland	Balt	imore	Owings Mi	13d. INSIDE CITY L	136 STREET AL	ybin Cir	cle	21117
14. F	ATHER'S NAM		WIDDIE	LAST	15. MOTHER'S FIRST	MAIDEN NAME	WIDDLE		LAST
_	Paul		tioch	Madeira		aret	Louise	Wh	eatley
160.	YES, NO, OR UNKNO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURIT			ADDRESS	124 May	bin Circ
	No			220-76-832	27 Margar	et Handsch	umacher		
		EATH WAS CAUSE		e for (0), (b), ond (c).)		•			APPROXIMATE INTERVA
	1000	IMMEDIA	ATE CAUSE (o)	comorned Dru	g intoxicati	LOII			
			1	R AS A CONSEQUENCE	OF .				
		ns, if ony, which se to immediat							
	cause (a	stating the under	DUE TO, OF	R AS A CONSEQUENCE	OF				
			DUE TO, OF	R AS A CONSEQUENCE (OF				12/3
7	cause (a lying cai	ose lost.	(c)		OF INAL DISEASE OR CONDITION GIV	EN IN PART 1 to			
TION	cause (a lying car	GNIFICANT CONDITION	(c)S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE FERM	INAL DISEASE OR CONDITION GIV				
ICATION	cause (a lying car	ose lost.	(c)S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE FERM				20	AUTOPSY?
RTIFICATION	PART 2 OTHER S	GNIFICANT CONDITION	(c)	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV)?			AUTOPSY? YES X) NO [
L CERTIFICATION	PART 2 OTHER S	GNIFICANT CONDITION OPERATION AL CAUSE WAS	(c) (CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE ATION WAS PERFORMED.)?	OF INJURY IN ITEM 18 P.		
ICAL CERTIFICATION	cause (a lying cai	GOVERNMENT CONDITION OPERATION AL CAUSE WAS OR NG CAUSE OF	(c)	I BUT NOT RELATED TO THE FERM ITION FOR WHICH OPER OF INJURY M. MONTH DAY YEAR A. 19	ATION WAS PERFORMED)?	OF INJURY IN ITEM 18 P/		
AEDICAL CERTIFICATION	cause (a lying cai	GNIFICANT CONDITION OPERATION AL CAUSE WAS OR OCCURRED	19b. CONDI 21b. TIME O HOUR A.A. DEATH P.A. 21e PLACE	BUT NOT RELATED TO THE FERM ITION FOR WHICH OPER PF INJURY M. MONTH DAY YEAR	INAL DISEASE OR CONDITION GIVE ATION WAS PERFORMED.	CURRED LENIER NATURE	OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
MEDICAL CERTIFICATION	cause (a lying cai	GNIFICANT CONDITION OPERATION AL CAUSE WAS OR OCCURRED	19b. CONDI 21b. TIME O HOUR A.A. DEATH P.A. 21e PLACE	BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER IF INJURY M. MONTH DAY YEAR OF INJURY (AT HOME.	ATION WAS PERFORMED 21c HOW INJURY OC	CURRED LENIER NATURE			YES X) NO [
MEDICAL CERTIFICATION	Cause (a lying cai	GOVERNOR CONSTITUTION COPERATION AL CAUSE WAS OR NG CAUSE OF COCCURRED NOT WHILE AT WORK	19b. CONDI 21b. TIME O HOUR A.A. DEATH P.A. 21e. PLACE STREET, FACE	ITION FOR WHICH OPER ITION FOR WHICH OPER IF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)	ATION WAS PERFORMED 21c HOW INJURY OC 211 LOCATION STREET	CURRED (ENTER NATURE	NWOT RC	COUNTY	YES X) NO [
MEDICAL CERTIFICATION	PART 2 OTHER S 19a DATE OF 21a EXTERN. UNDERLYING CONTRIBUTE 21d INJURY 0 WHILE AT WORK	GOPERATION COPERATION AL CAUSE WAS GORDON CAUSE OF COURTED NOT WHILE AT WORK fy that I took char	19b. CONDI 21b. TIME O HOUR A.A DEATH P.A 21e PLACE STREET, FAC	IBUT NOT RELATED TO THE FERM ITION FOR WHICH OPER OF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (AT HOME. CTORY, FARM, ETC.)	ATION WAS PERFORMED 21c HOW INJURY OC 211 LOCATION STREET	CURRED (ENTER NATURE	ORTOWN	ART 1 OR PART 2)	YES X) NO [
MEDICAL CERTIFICATION	Cause (a lying cai	GOPERATION COPERATION AL CAUSE WAS GORDON CAUSE OF COURTED NOT WHILE AT WORK fy that I took char	19b. CONDI 21b. TIME O HOUR A.A. DEATH P.A. 21e. PLACE STREET, FACE	IBUT NOT RELATED TO THE FERM ITION FOR WHICH OPER OF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (AT HOME. CTORY, FARM, ETC.)	ATION WAS PERFORMED 21c HOW INJURY OC 21l LOCATION STREET Autopsy Homicide Homicide	CURRED LENTER NATURE CITY Spection	ORTOWN	COUNTY	YES X) NO [
MEDICAL CERTIFICATION	Cause (a lying cai	GOPERATION COPERATION AL CAUSE WAS GORDON CAUSE OF COURTED NOT WHILE AT WORK fy that I took char	19b. CONDI 21b. TIME O HOUR A.A DEATH P.A 21e PLACE STREET, FAC	IBUT NOT RELATED TO THE FERM ITION FOR WHICH OPER OF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (AT HOME. CTORY, FARM, ETC.)	ATION WAS PERFORMED 21c HOW INJURY OC 21l LOCATION STREET Autopsy Homicide J. Homicide TITLE (SPEC	CURRED LENTER NATURE CITY Spection	DRTOWN DUTY , and and admonner .	COUNTY d in my opinion DATE	YES X) NO [
MEDICAL CERTIFICATION	Cause (a lying cai	GOPERATION COPERATION AL CAUSE WAS GORDON CAUSE OF COURTED NOT WHILE AT WORK fy that I took char	19b. CONDI 21b. TIME O HOUR A.A DEATH P.A 21e PLACE STREET, FAC	IBUT NOT RELATED TO THE FERM ITION FOR WHICH OPER OF INJURY M. MONTH DAY YEAR A. 19 OF INJURY (AT HOME. CTORY, FARM, ETC.)	ATION WAS PERFORMED 21c HOW INJURY OC 21l LOCATION STREET Autopsy Homicide Homicide	CURRED (ENTER NATURE CITY spection , Inq Undetermine	DRTOWN DUTY , and and admonner .	COUNTY	YES X) NO [
MEDICAL CERTIFICATION	Cause (a lying cai	GONEFICANT CONDITION AL CAUSE WAS OR NG CAUSE OF COCCURRED NOT WHILE AT WORK Ty that I tack char ed from Note NAME	19b. CONDI 21b. TIME O HOUR A.A DEATH P.A 21e PLACE STREET, FAC	INTERPRETATED TO THE TERM ITION FOR WHICH OPER ITION FARM ETC.)	AUTOPSY XX In Homicide TITLE (SPEC	CURRED LENTER NATURE CITY Spection	ORTOWN July , and and administration of the control of the contro	COUNTY d in my opinion DATE	YES X) NO [
	Cause (a lying cai	GONEFICANT CONDITION AL CAUSE WAS OR NG CAUSE OF COCCURRED NOT WHILE AT WORK Ty that I tack char ed from Note NAME	19b. CONDI 21b. TIME O HOUR A.A. DEATH P.A. 21e PLACE STREET, FAC.	BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER IF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (ATHOME. CTORY, FARM, ETC.) Specified obove, held an Acquirent . Su	ATION WAS PERFORMED 21c HOW INJURY OC 21l LOCATION STREET Autopsy Homicide J. Homicide TITLE (SPEC	CURRED LENTER NATURE CITY Spection , Inq Undetermine IFY) Lant MEDICAL E	DRIOWN DUITY , and and admonner ,	COUNTY d in my opinion DATE	YES X) NO [

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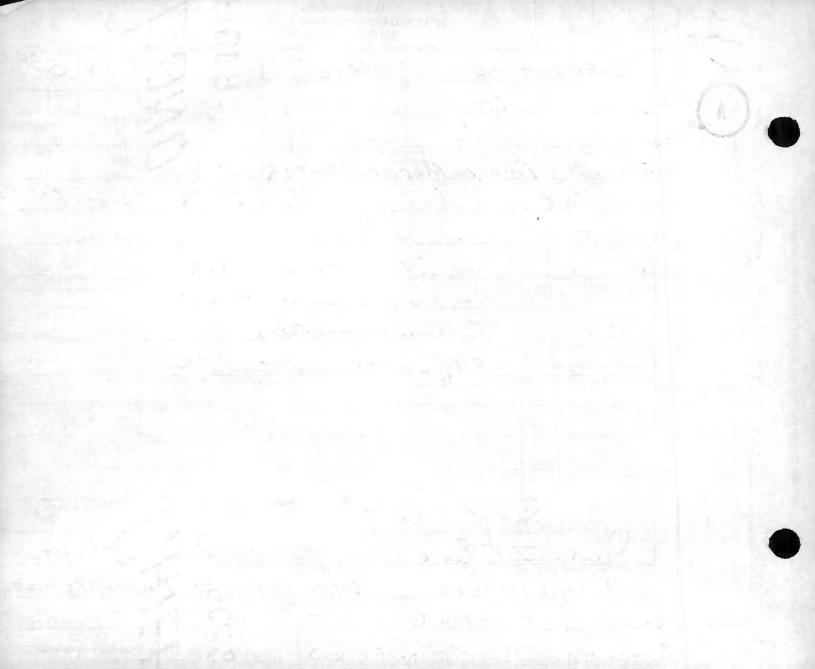
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	3		FOR STATE REGISTRAR				NENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. No		8 8	3 4
deoth			CEASED NAME OR PRINT)	MARGA		WIDDLE	1	Maka	20. DATE OF DEATH	27	8 4 1	1615
		3. SE		ale	4. RACE	√ hite	5. DATE C	16 89	6. AGE (IN YEARS LAST BIR	YRS.	THS! DAYS	HOURS MIN
1	35		RTHPLACE (STATE COUNTRY) Md.	OR FOREIGN		WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore city o	e City	DEATH	,
nomina	37	E	altimore		Merc	y'^chospii'	als)	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WAR FOR MOST OF		126 KIND OF	BUSINESS C Biscu
råmust be	35	130.	Md.	13b. COL	DR OTHER INSTITUTION	Ball Cime	re admission	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	3815 Bro	oklyn	Ave.	2122
exomine	60	14. F	Thomas		MIDDLE	Burke	9	Deliah	MIDDLE		Hů	ghes
medicol		16a. \	VAS DECEASED ET	ER IN U.S. A	RMED FORCES?	215 01	0896	John B. M	aka (same		E)	
ony injury, or other	0	CERTIFICATION	PART 2 OTHER S	ignificant	CONDITIONS C		EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, W		
r Hem 18 shows	9	MEDICAL CERTIF	218, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 218, INJURY OCC	CAUSE OF DI	ER) P	DF INJURY .M. MONTH DA .M. OF INJURY	Y YEAR	21c. HOW INJURY OCCUR	YES NO	YES [I OR PART 2)	NO 🗌
morkedor		WE	WHILE NO	T WHILE WORK	(AT HOME, \$1	REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET 19	CITY OR TO	wn	COUNTY , th	STATE at (1) (we) la
T: If hem 21 is			saw the dec above, (I) (w 22b. SIGNATURE	eosed alive o	el ()	19		, instead ,	MEDICAL STA	F . C	22c. DATE ST	
With the Stor	1		22d PHYSICIAN	NAME (TYPE	OR PRINT	FISASI	2	Mercy H	DSPITAL	BACTIN	none.	Md
. 3			BURIAL, CREMATIC		7/31	/84 St	. Sta	emetery or crematory	Baltimo	re	OUNTY	Md.
OM 4/8	32		UNERAL DIRECTO		40 e Bal	01 Ritch	nie F	WY . 250. DA	TEC. 3. OF 1984	256. REGISTRAL	WIGAGNATH	Fander

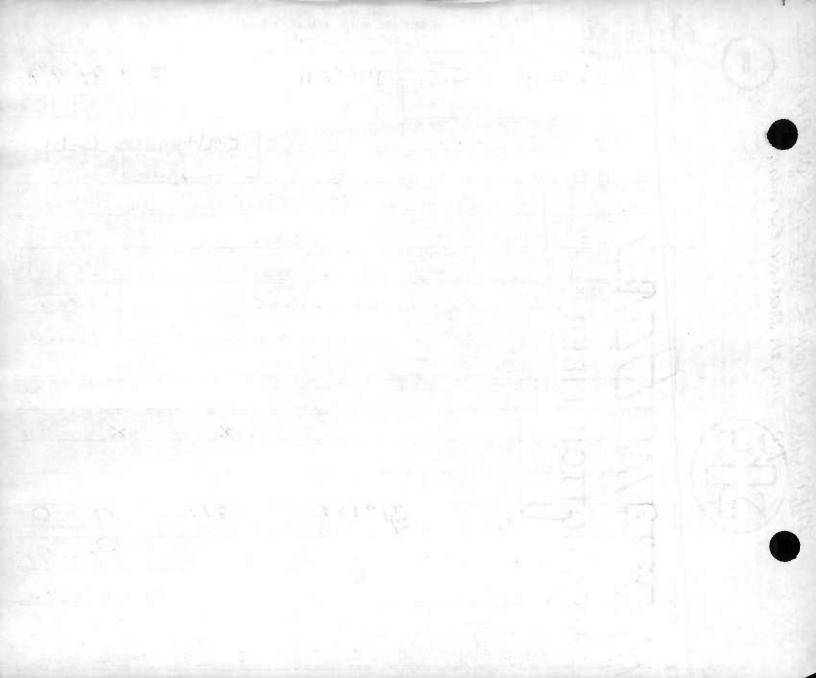
aromitis - 1 .bid

2	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL H	0	G. NO.	1833
	I. DE	CEASED NAME FIRST		MIDDLE		ASI	20. DATE OF DEA		DAY YEAR 26 HOUR
35		CLEMEN EN	TIN	R	N	1ANZi		7	88431
	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS HOURS
	-	2Mals	WHI	T7_	020	. 8 1901	82	YRS	
an AC		RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE C		
-10	09	COUNTRY	111.5	. A.	WIDOWE		ROLT	MOR	7 1
475	10 C	ITY OR TOWN OF DEATH	II. NAME O	F HOSPITAL, NUR!		OR OTHER INSTITUTION	120. USUAL OCCI		126 KIND OF BUSINES
40	R	ALT: MORE	DEA	TION ME	EDICIA	Cente	R A I	HOST OF WORKING	LIFE) INDUSTRY
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME CO	OTHER INSTITUTE	13c. CITY OR TO		113d INSIDE CITY LIMITS	13e.STREET ADDR	ESS / ZIP CO	DE 2133
PE 1	() e	ARYLAND BALT	CVIRS	CARAS	Ч	YES NO W	2920	Know	ACRES DR.
oc.	14. F/	ATHER'S NAME				15. MOTHER'S MAIDEN			
XOTA	5	FIRST	MIDDLE	SC COOR	013	PASS	MID	DIE	SOLVOI
eloo	160 \	VAS DECEASED EVER IN U.S. A	RMED FORCES	? 16b. SOCIAL SE	CURITY NO	17 INFORMANT	A	DDRESS	- John V Pity I
medic			IVE WAR OR DATES)		1.000	E (1 - 5) (Penno	2	
E		00		10901	4101	EHOUY	1 MOLORE	2	APPROXIMATE INTERV
injury, ar ather traumatic event, th		Conditions, if any, which gave rise to immediate cause (a), stating the	(b),	OR ASIA CONSEC	test	wellith	4		
y,		PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TE	ERMININ DISEASE OR	CONDITION C	OVEN IN PART 100
any inju	CERTIFICATION	He DATE OF OPERATION	196. CON	IDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20e AUTOPSYS	286 IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH
shows	TIFIC						YES NO	and the second s	YES NO
ĝ		21s. ACCIDENT WAS UNDERCIBED	RUCH HIA			71c HOW INJURY OCC	URRED (INTER-NATURE C	P JOURNAL ON OTHER SE	E PART I DR PART 2)
ar Ihem-18	MEDICAL	214. INJURY OCCURRED		P.M. E OF INJURY	19	TIL LOCATION			0.00-09
0	ME	WHIS TO NOT WHILE TO		STREET, FACTORY, OFFIC	Lagim (IC)	PORTS	CRY	DETOWN	COUNTY STA
morked		AT WORK 124 AT WORK	A		V	6 50	- Jus	-	20 7
100		27s.1 certify that (It (this hose	V1 - 17 -	the deceased from	Seele	# I NO EM	10	7	1967 that Hillwe
21		sow the deceased alive a objete, (I) (we) (did) (did #	or) new the big	By after death.	11 1		on death occurred on	ye date and h	our and from the causes stall
t ten		77h SIGNAFURE	LU	-0		DEGREE	and the same of	/	Th. DATE SIGNED
= 1		Xulia	all	(Kago)		ATTENDING		STAFF HYSICIAN [17/9/82
TANT		274 PHYSICIAN'S NAME TITE	ÜR PRINI)	1		22e ADDRESS			1
MPORTANT: #	123	(HOWA)	ww.t	FED		6115 G	HAS 51	- BF	GER MON
with the		BURIAL, CREMATION, REMOVA	~	23	NAME OF	EMETERY OR CREMATOR	RY 23d. LOCATION		
4-1	1	RS MATION	July	10 1984 0	78.0	Dougt	BOIT	CYLRE	COUNTY MARY B
	24 F	UNERAL DIRECTOR	000		2000	100	DATE REC'D. BY REGIS	TRAR 25 REG	ISTRAR'S SIGNATURE
W 4/83	5	NAME CHOPS	SEMA	MORIS	8800		111 4 4 400		Davidson-Randelle
4)	4	NALD CHALTY	OF U	1 JOKE	THILL	IND KURD J	OF TT RO	4 1/	

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH Helena ENA MONTH Female Caucasian 1920 64 TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? Ohio MARRIED X NEVER MARRIED U.S.A. Ohlo 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Francis Scott Key Med. sales clerk 13a. STATE 113b COUNTY 1237 Broening Highway 13d INSIDE CITY LIMITS? Baltimore Md. 14 FATHER'S NAME Christina D'Augustino Dominic Micucci 16b SOCIAL SECURITY NO 17 INFORMANT Mr. Alfred Marsh, 1237 Broening High 288-16-7860 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (o.). Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220 certify that (I) this hospital attended the deceased from sow the deceased plive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 270 SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Francis Scott Key Med, Center, Balto. 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY Baltimore, Maryland STATE Burial 7-12-84 Loudon Park Cem/ 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Zannino Funeral Home, 263 (VRA 15, 4)



	CENTED IN WALE	IRST	MIDDLE MIDDLE	ER'S CERTIFICATE	20. DATE KNOWN	
(TY	PE OR PRINT)	RRIE		MARSHAL	OF ESTI- DEATH MATED	
3. SE		5. DATE OF BIRTH	6. AGE (IN YEAR	RS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c DATE	MONTH DAY YEAR 24 HOUR
F	emale Blac		. That bikition	MOUNTS DATE	MIN PRONOUNCED DEAD	7 28 1984 1:20 M
7a. E	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF W		MARRIED NEVER MA	RRIED 9. BALTIMORE CIT	Y OR COUNTY OF DEATH
		USA		WIDOWED DIVO		
10 C	ITY OR TOWN OF DEATH	IT. NAME OF HOS	SPITAL, NURSING HOME,	OR OTHER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
1	Baltimore		ent Hospita			
		MOME OR OTHER INSTITUTION, G COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS:	13e. STREET ADDRESS	21610
	Md.		Baltimore	YES 😾 NO	JOU MODELE	Street d/4//
14. F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MA	IDEN NAME	LAST
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		.S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECURITY			
	Tu cause or			Connie	Avery 635 C	Cator Ave. 21218
	18 CAUSE OF DEATH (E	AUSED BY:		ama ahi am		BETWEEN ONSET AND DEATH
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AL	UNDERLYING OR CONTRIBUTING CAUS		I. MONTH DAY YEAR			
EDIC	214 (NILLRY OCCURRED	7 le PLACE	OF INJURY (AT HOME,	211 LOCATION		
×	WHILE NOT WHI	LE STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	200 To 100 To 10	charge of the remoins de	esibad above 5-14-	Autopsy K. Inspec		-4
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	deoth resulted from:	Notural couses 4,	Accident L., Suit	ide Homicide	Undetermined monner	
111	ACTUAL	120. ()	The same	MD Assista	nt MEDICAL EXAMINER	DATE 7-28-84
1	HAROMINA.	Mous	NA	mu radio and con	MEDICAL EXAMINER	SIGNED / 20 04
1	EXAMINER'S NAME	Ann M. Dixor	M.D.	ADDRESS 111	Penn St., Balto	o., Md. 21201
	(TYPE OR PRINT)					
230 E	BURIAL, CREMATION, REMO	VAL 236 DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	COUNTY
23a E	BURIAL, CREMATION, REMO				23d LOCATION CITY OR TOWN Baltimore.	COUNTY STATE
(BURIAL, CREMATION, REMO	8-2-84	Mt. Au	burn Cem.	Baltimore,	

A PARTIE OF THE PARTIES OF THE PARTIES AND THE

	400	1
) HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may rained by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the times of metal hould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Land 2 should be filed with a Thoursalt the State Days of Health and Mental Hagiere prior to buriol, cremotion, or removal.
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	D HOSPITAL OR ATTENDING PHYSICIAN. The fained by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and campletely filled in by the timeral mould be detached for use as the buriol-transit permit. Then please remove carbonoppers. Pages Land 2 should be filed with a strain page of Hapith and Mental Hapine prior to buriol, cremotion, or removal.
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11 1 1	F		5 7/25/84 DEPART	MENT OF HEA	LTH AND MENTAL HYG	IENE A	8 3 3 3
477	1 -	STATE rja per p	hone call F.M.	CERTIFIC	ATE OF DEATH	REG. NO.	
-/		CEASED NAME FIRST	WIOOFE	LAST		20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
1 75	(TYPE	ALLEN		MAI	RTIN	7	19 84 8:15p M
	3. SE)	(4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER LYEAR IF UNDER 24 HRS
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		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED (X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
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ed within 24 hours after implerely filled in by the trans and 2 should be filed with examine must be hatified		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12% KIND OF BUSINESS OR INDUSTRY
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4 hau led in ild be	13a. S	TATE 136 COUN	TY 13c CITY OR TOV	WN 113	d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	
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and 2		FIRST	MIDDLE LAST	.	FIRST	MIDDLE	LAST
- 0		harles M. VAS DECEASED EVER IN U.S. ARI	Mart MED FORCES? 166 SOCIAL SEC		LeVanche INFORMANT	ADDRESS	Snyder
Poges medico			Korea 2132616	523	AMC 3900 LOC	CH RAVEN BLVD BA	LTO MD 21218
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signe hen pl ra bur	Z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	inal disease or condition G	IVEN IN PART Tra
aw re-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY? 20b IF YI	ES, WERE FINDINGS USED
2 0 0 0 2	TEK						FYING CAUSES OF DEATH?
icate h ransit p Hygier 18 shov		210. ACCIDENT WAS UNDERLYING	LUGUE A AL MONTH C	DAY YEAR	TE HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SICIAI ng ph certifi miol-tr ental frem	CAL	OR CONTRIBUTING CAUSE OF DEA) P.M.	19			
this of M	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE		IF LOCATION STREET	(ITY OF TOWN	COUNTY STATE
NG Affer as the arke		AT WORK AT WORK		MAN 71		Trury 10	0.4
OR: A		22a. I certify that (X(this haspi	tal) ottended the deceased from	84 and	19.84	, to	, 19_84, that (X (we) lost
ATT asput ECTC ed fo of of on 2		obove (M(we) (did) (did) (did)	Xiew the body after death.		GREE		22c DATE SIGNED
t OR A the has L DIREC stoched e Dept e Dept		World	1 / e mo		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	
HOSPITAL FUNERAL uid be dete	7	774 PHYSI JAN'S NAME (TYPE O	R PRINT)		2e ADDRESS) billerok [] illioleiki []	
retained by to TO FUNERAL should be defined the State with the State IMPORTANT:		Regimel	d A. Glel	np	3900 LOCH F	RAVEN BLVD 2121	8
Shoot Start		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEM	ETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	B	urail	7-23-84 L	akevie	w Cemetery		Maryland
DHMH - 16 50M 4/83		UNERAL DIRECTOR	AODRESS		25a. DAT	E REC'D. BY REGISTRAR 25b. REGIS	
(VRA 15, 4)	D:	uda-Ruck, inc	. 7922 Wise	Ave. 2	1222	11 2 4 1984 Milia	Navidan Bolo



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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NO [

STATE

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

Seiler

YES [

COUNTY

22¢ DATE SIGNED

DAYS

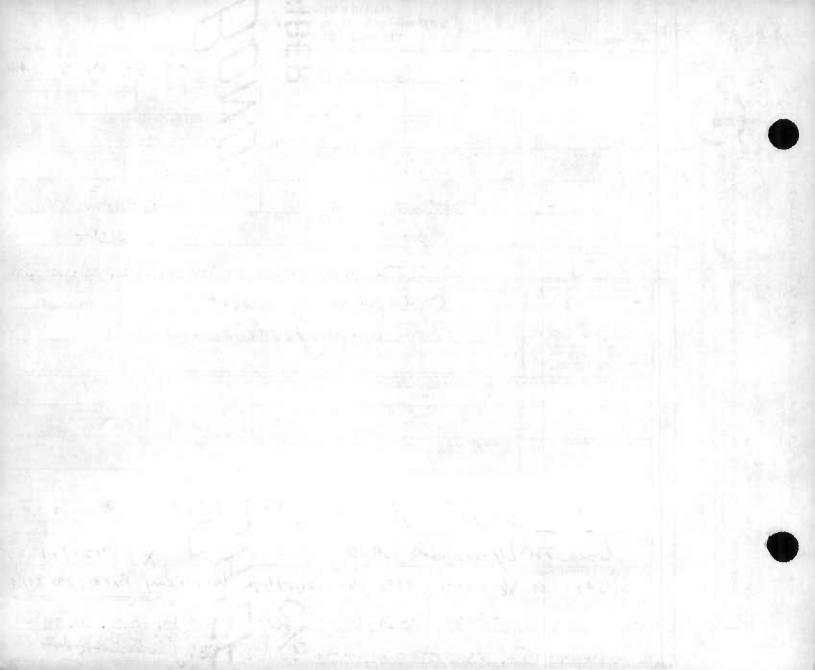
Burial 7/26/84 Druid Ridge Cemetery Pikesville, Balto. Co. Md 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ADDRESS (VRA 15, 4) Burgee Funeral Home, 3631 Falls Road, 21211

FOR

REGISTRAR

1 - STATE

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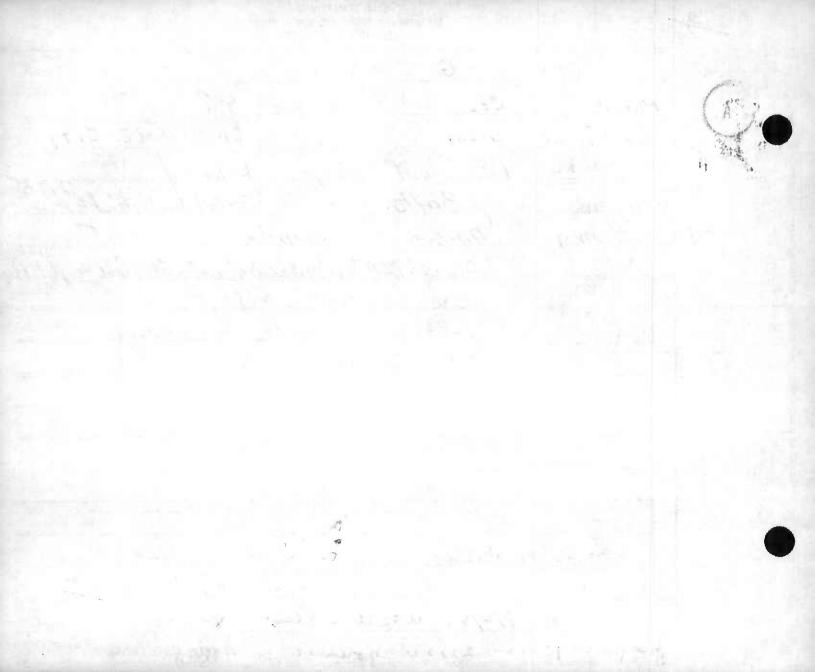




DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE I. DECEASED NAME 20. DATE KNOWN X7 7h HOUR (TYPE OR PRINT) OF ESTI-Jeffrey Martin DEATH MATED 21 19 84 4. RACE SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY 12:30 PRONOUNCED 14 30 DEAD 21 19 84 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED OREIGN COUNTRY) WIDOWED [Baltimore City, DIVORCED MD 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) **OR INDUSTRY** FOOD Baltimore Union Memorial Hospital DISPATCHER HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS SUAL RESIDENCE HE IN NURSING 21221 T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE THE COUNTY 13c. CITY OR TOWN ESSEX YES [] NO PT 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ELEANOR JOHN 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? AL SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 605767 UNK CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA OI PRIOR TO BURIAL, C 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MIGRAM. MONTH DAY YEAR NITEP.M. 7 21 1984 UNDERLYING X OR MEDICAL Subject fell off walk CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 COUNTY WHILE AT WORK AT WORK STATE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE I BALTIMORE, MARYJAND, 21201 street 3400 N. Calvert St, Balto. Md. X 220 I certify that I taok charge of the remains described ubove, held on Inspection and in my apinian death resulted fram: Undetermined manner ACTUAL M Deputy Chief FLOCAL EXAMINER 7/21/84 SIGNATUR EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. ADDRESS (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BP_ 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

15 15/1/24 Th ME GALLE STEEN IN THE WARRING STEEN CLA PRODUCE SOLD MAKE AND AND THE PARTY OF T THE REPORT OF THE PARTY OF THE THE CAND CHEET HE THE STATE OF al settlement of the Market States of the section A MELBANDING NOUN EDITAL BUSINESS



- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

13e.STREET ADDRESS / ZIP CODE 1628 Shadyside Road 21218 Susan Christine Snyder Mrs. Marjorie Ford Cockeysville, Md. 2/030 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY ppinion death actuared on the date and hour and from the causes stated 22r. DATE SIGNED (SPECIFY) Burial 7/5/84 Parkwood Cemetery Baltimore, Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

26 HOUR

12h KIND OF BUSINESS OR

Hospital

IF UNDER 24 HRS

IF UNDER I YEAR

1.31,18.

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF DEA	TH		REG. NO.			
		EASED NAME OR PRINT)	FIRST MARY	N	AIDDLE	MA'	THIAS		JULY		DAY YEAR	1:28P	
	1. 5EX	Female		4 RACE Whi	te	S. DATE (ust 30, 1	1914		ARS LAST BIRTHDAY) 69 YRS	MONTHS DAY		5
3	Ma	THPLACE ISTATE OR F DUNTRY) ryland			ISA	MARRIE		CED [BALT	ECITY OR COUN IMORE C			MD.
3	5 1	PALTIMOR	E /	JÖHNS	HOPK	INS HOS	OR OTHER INSTITU	TION	12a USUAL O (TYPE OF WORK)	FOR MOST OF WORKING	LIFE) INDUSTR	O OF BUSINESS C RY INC	R
000	The ST	RESIDENCE (# NURS) ATE aryland	136 COUN		GIVE RESIDENCE 136 CITY OR Balti	TOWN	13d INSIDE CITY YES 🔼 NO	LIMITS?	3. STREET A	DDRESS / ZIP CO	DE ane 2	1224	
Ź	7	HER'S NAME Herman	Hew:		LAST		15 MOTHER'S MA		arl Har			LAST	
2	(YE	AS DECEASED EVER S, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	212 36	SECURITY NO. 2319	Kathy M	iller	1005 F	ox Chase			
		PART I. DEATH W	AS CAUSE			ardia.	· +	a. 10	re,	Mitrol regury	Person Between	OXIMATE INTERVAL EN ONSET AND DEAL	22
		Canditians, if any, gave rise ta imm cause (a), statin	nediate g the	(b)		REQUENCE OF	of my	D Ca	rdia/	Trace	har :	3 day	2
		PART 2. OTHER SIGN		(c)	ONTRIBUTING		NOT RELATED TO	THE TERM	INAL DISEASE	OR CONDITION O	IVEN IN PART	110	
2	CERTIFICATION	7 20	1934	Aut	NON FOR W	1 1 10	N WAS PERFORMI		70a AUTOI	IN CER	ES, WERE FINI TIFYING CAUS YES []	DINGS USED SES OF DEATH?	
1	CAL	710. ACTIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA) P.A	M. MONTH M.	DAY YEAR		Y OCCURR	RED (ENTERNATI	URE OF INJURY IN ITEM I	B PART I OR PART 2	n	
		21d INJURY OCCURR	ILE		EET FACTORY OF	FFICE FARM ETC)	211 LOCATION STREET			CITY OR TOWN	COUNTY	STATE	_
		22a I certify that (I) sow the decease above, (j) (we) (d 22b. SIGNA/URE	d alive on	7/2	8	19 84 . 0	nd that in (my) (au	r) opinion (deoth occurred	on the date and h		that (It (we) to the couses stated	ost
1		220 PHYSICIAN'S NA	ME (TYPE	R PRINT	Zy.,		ATTE	NDING SICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	7/	28/8	y
	Ш	Samuel	D	wight	/ L;	YON	Johns	4	rias	Hospite	x/		
	-15	JRIAL, CREMATION, PECIFY) Burial	KEMOVAL	7/3	1/84		EMETERY OR CREATE MEM.	Gard		timore C		Marylan	d
	Bru	Memica	uner	al Home	PA 140	07 Old E	astern A	250. DAT		GISTRAR 251 REGI	STRAR'S SIGN	-Agndelle	

The second secon the Profit Liber and . n-247 March markets frameway ... its yes at Marky A LANGE TO SEE A NO. LO LA LANGE DE mpletely filled in by the funeral director, and 2 should be filed within 72 hours afti

is be natified of once.

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1	- STATE REGISTRAR		DEPART	CERTIF	ICATE OF D	EATH	REG. NO) 3	O	43 (ر
	ECE ASED NAME FIRST PE OR PRINT) QUEEN:		IDDLE		HEWS			7/16/8	EAR U	26 HOUR 9:30	Ам
3. S	EX	4. RACE		5. DATE (YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	I YEAR DAYS	IF UNDER 24	HRS M IN.
1	Female	Blac	k	11		98	85	YRS	DA13		
5 7a. 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY M 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				MD.	
1 10 0				OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS) EMORIAL HOSPITAL						TUTION	OR
	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COL		Baltin	VN	13d. INSIDE CI	TY LIMITS?	13. STREET ADDRESS A	ZIP CODE onroe St		21217	7
114. F	FATHER'S NAME FIRST Thomas		Brown		Ha	rriet	t MIDDLE	Han	dy	ī	
	WAS DECEASED EVER IN U.S. A [YES NO OR UNKNOWN] [IF YES, G	RMED FORCES?	215-32		17 INFORMAL		Murray 6	23 Radno		Ave.	
CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c)	. 0	DEATH BUT	NOT RELATED		INAL DISEASE OR CON-	20b IF YES, WERE	FINDIN	NGS USED	
RTIFIC			ALLUS DV		Tal. How h	IIIDY OSSUB	THE STATE OF THE S			NO [
MEDICAL CE		DEDEATH HOUR A.M. MONTH DAY YEA MINER) P.M. 19			9						
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			211 LOCATION STREET CITY OR TOWN COUNTY STATE						
	220.1 certify that (1) (this haspital) attended the deceased from 7/14 19 84 to 7/16 19 84, that (1) (we) las saw the deceased alive an 7/15 19 84, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. DEGREE 220. DATE SIGNED ATTENDING MEDICAL STAFF										
+	22d. PHYSICIAN'S NAME (TYPE	the same of	geser	M	22e ADDRES	PHYSICIAN [DIRECTOR PHYSIC		71 Md.	2121	000
230	BURIAL, CREMATION, REMOVA	236. DATE 7/19/		name of the	iem. Ph		23d LOCATION CITY OF TOWN Baltim	ore Co.	٧	MD	E

DHMH - 16 50M 4/83

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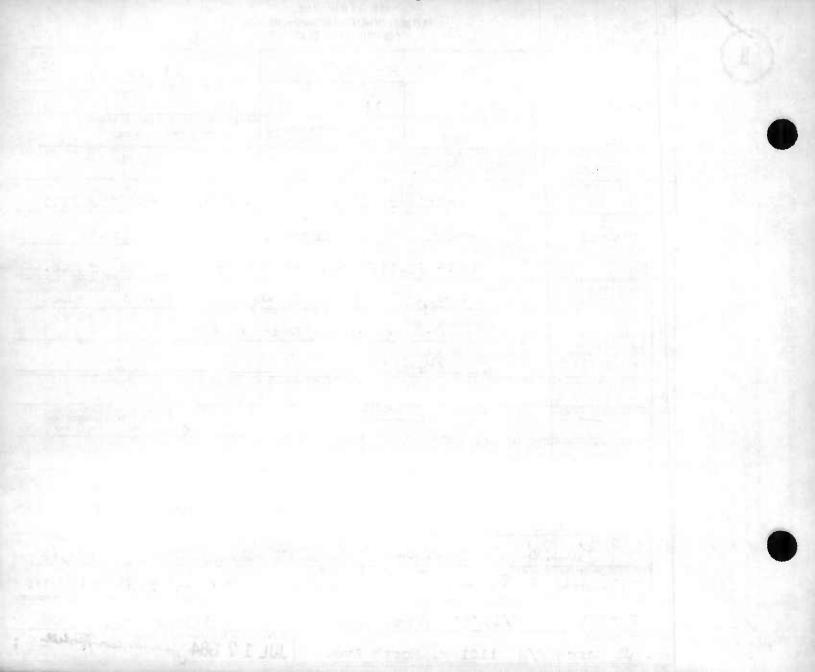
24 FUNERAL DIRECTOR 1101 E. North Aye. March F/H

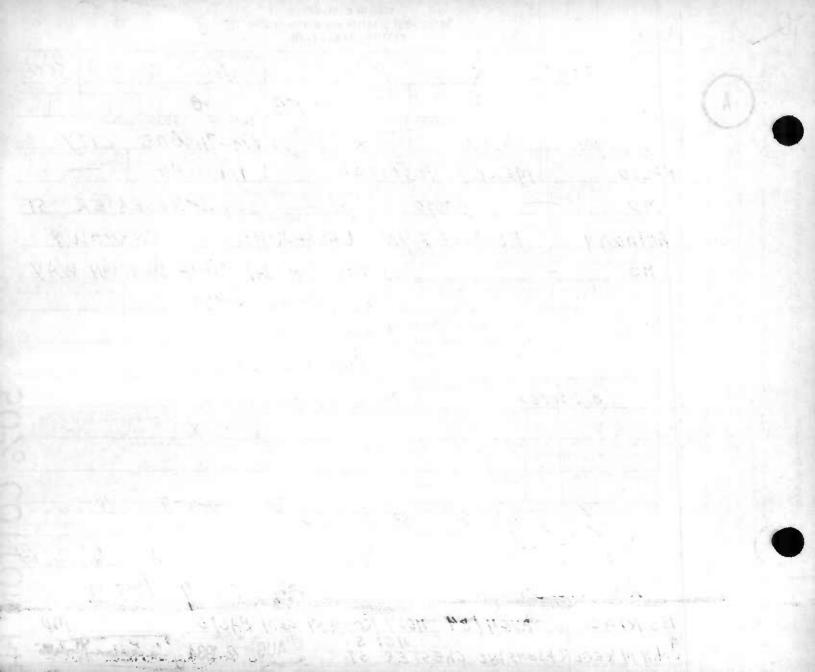
250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AND JUL 17 1984

MD

(VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal.



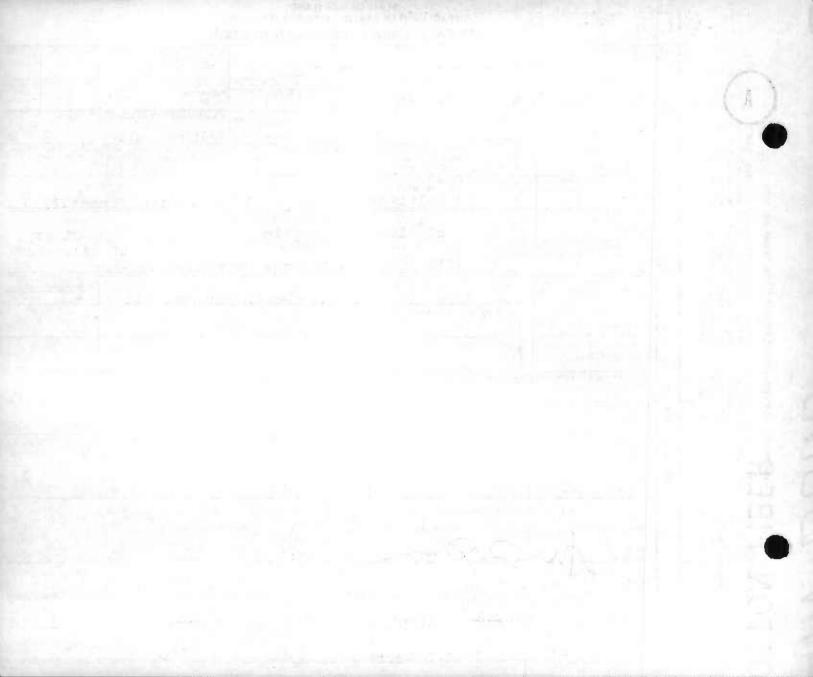


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN [] 7b. HOUR 20. DATE LTYPE OR PRINT) OF ESTI-DELAY IS NECESSARY, PLEASE 31 OTHE FUNERAL DIRECTOR.
IN PAGE 5 FOR WOUR FILES.
D BE FILED, WITHIN 72 HOURS.
RDS, 201 W: PRESTON STREET. 84 Robert. J. Maygers 19 6. AGE (IN YEARS 2d HOUR 3 SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) 11:00 PRONOUNCED DEAD 19 84 ā. M To BIRTHPLACE (S 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, WIDOWED DIVORCED 120. USUAL OCCUPATION LTYPE OF WORK ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS Baltimore 406 S. Bond Street LONGSHOREMAN RETAIN PA USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 CITY OR TOWN 13e. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4270 NO [AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, MIDDLE LAST FIRST FIRS1 ROBERI GIVE PAGES T. PAGES A 17. INFORMAN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES) VIETNAM ES MAVGERS CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c), DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: (Rifle) Gunshot Wound of Head IMMEDIATE CAUSE (a). OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION USED AS A BURIAL OF HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, (head only) 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY est. 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot himself MEDICAL 0 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21E LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTETHE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 WHILE AT WORK 406 S. Bond Street, Baltimore, Maryland roof of home (head only Autopsy XX Inspection 220. I certify that Ltook charge of the remains d Inquiry and in my apinian cide XX Hamicide Undetermined monner ACTUAL DATE 7-9-84 Assistant SIGNATURE EXAMINER'S NAME Smyth, Penn Street Dennis M.D. (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 372TS130RE MD BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

AND SHIP FOR A SHIP AND A SHIP AN

TRANSPORT TRANSPORT

	REGISTRAR	E FIRST	1415		MINER 3	CERTIFICATE C		REG. NO.				
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		DANN		VIE)		IC CALLUM	DEATH W	AATED X	7		1984	
3 SE	X	1. RACE	5. DATE OF BIRTH	YEAR LAS	E (IN YEARS IF UP		24 HRS. 2c. DATE MIN. PRONOUNC		MONTH	DAY	YEAR	2
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70. E	OREIGN COUNTRY	STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARR	ED I NEVER MARR	IED I	RE CITY OR	COUN	TY OF D	DEATH	
N.			U.S.A	١.	WIDOV	VED DIVORC	Dates	more C:				
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2	Danny		MIDDLE	McCall	Lum	Mattie	Miles	J.L.]		rthu	1]
	WAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS E			lsor	
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			ly one cause per line	e for (a), (b), ond ((c).)					AP	PPROXIMATE	IP.
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FOR STATE REGISTRAR	DEPA	STATE OF M RTMENT OF HEALTH CERTIFICAT	AND MENTAL HYGI	ENE B 4	1 8 6	3 5 0
ASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH M	ONTH DAY YEAR	26 HOUR P
DOROT	HY	MCCAI	RTIN	JULY 25	1984	8:40 M
	RACE	5 DATE OF BIRTI	H YEAR	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YES	
emale	White	Aug. 22	1913	70	YRS	
laryland	b. CITIZEN OF WHAT COUNT USA	MARRIED X	VEVER MARRIED DIVORCED	9 BALTIMORE CITY OR BALTIMORI		MD.
AT TIMOPE	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST THE JOHNS H	REET ADDRESS)	ER INSTITUTION DSPITAL	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Collection	WORKING LIFE) INDUSTR	
RESIDENCE (IF NURSING HOME OR C ATE 137 COUNT		OWN 1134 IN	ISIDE CITY LIMITS?	5804 Mervi	zip code Lle Avenue	21215
James Howard St	andiford LAST	15. MG	Hattie B.	Amos		LAST
AS DECEASED EVER IN U.S. ARM NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		formant 11er P. Mc	Cartin s	same	
8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	RY -	o pulmo	nany ar	rest	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
Canditians, if any, which	DUE TO, OR AS A CONSE	OUENCE OF	8			42
gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF Muelos	mous	leukenia	- lá	months
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOTE	ELATED TO THE TERMI	INAL DISEASE OR COND	ITION GIVEN IN PART	lía
hor						
DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	
OR CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MONTH		HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART	n
Id INJURY OCCURRED	21e PLACE OF INJURY		OCATION	CITY OR TOW	N COUNTY	STATE

FOR - STATE REGISTRAR DECEASED NAME (Incokery)

Female

MITHPLACE INTATE OR FOREIGN Maryland CITY OR TOWN OF DEATH BALTIMORE STATE (IF NURSING H

James Howard WAS DECEASED EVER IN U.S.

1:5EX ..

Md I FATHER'S NAME

NO! WHILE

AT HOME STREET FACTORY OFFICE FARM ETC)

STREET

STATE

22a I certify tha (1) (this haspital) attended the deceased fram and that in (rear (our) apinion death occurred on the date and have and from the causes stated

23c NAME OF CEMETERY OR CREMATORY

22b. SIGNATURI DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22e ADDRESS JOHNS WOLFE ST. BALTO. MD.

230 BURIAL, CREMATION, REMOVAL Burial

Druid Ridge Cemetery

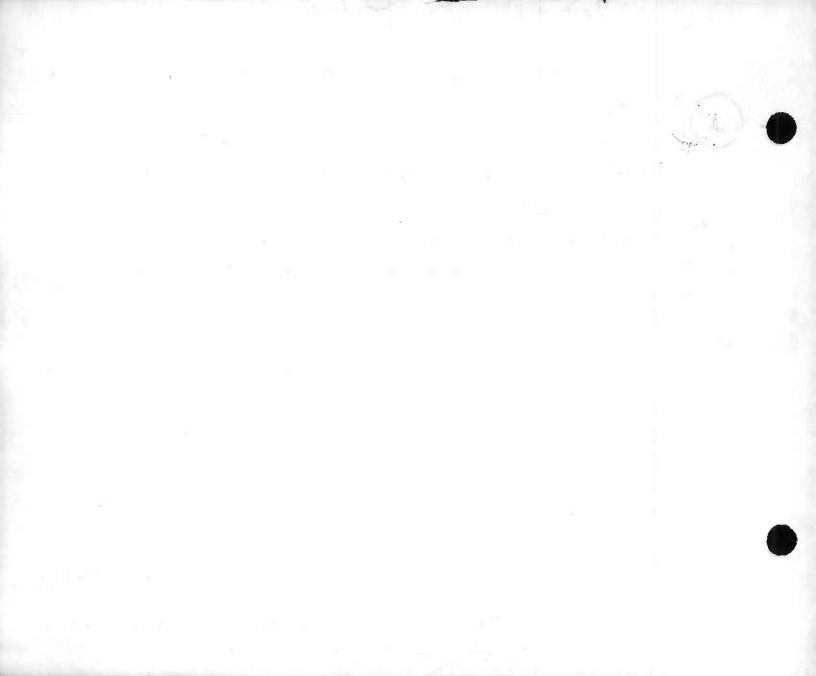
Pikesville, Balto. Co. Md

7/30/84 Burgee Funeral Home 3631 Fall's Road 21211

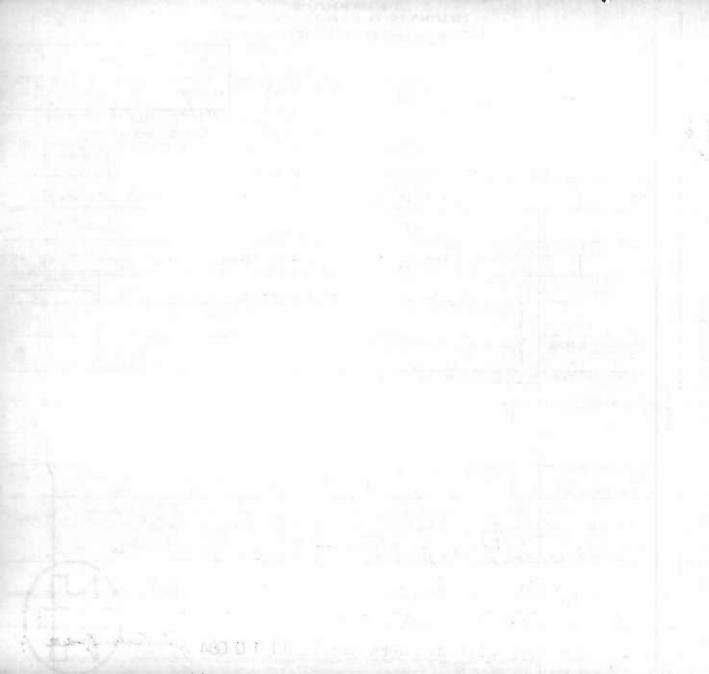
23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

APORTANT

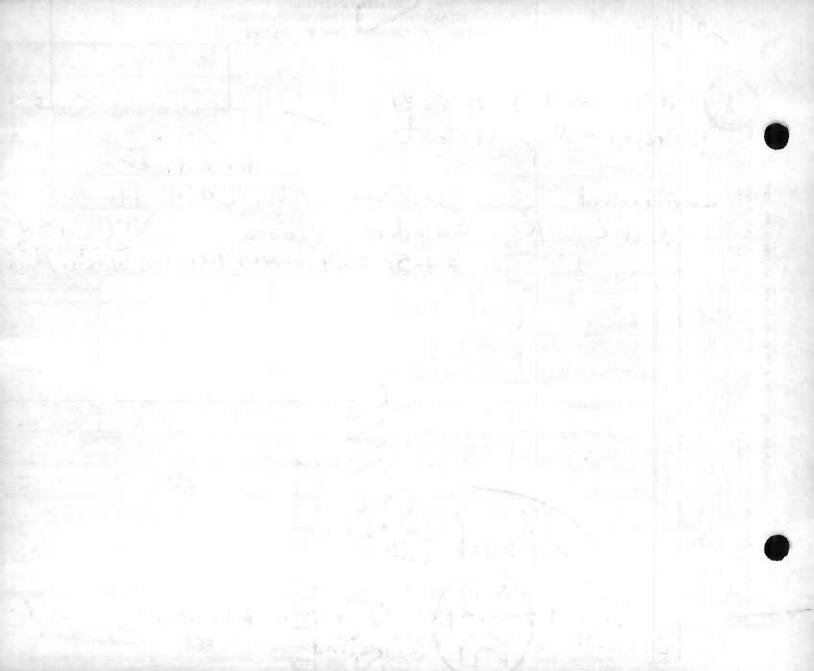


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DATE KNOWN XX MONTH . DECEASED NAME 7b HOUR (TYPE OR PRINT) ESTI-DEATH MATED 19 84 McClellan Susan 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE . SEX AST BIRTHDAY PRONOUNCED 8 19 Black 10 64 Female DEAD 19 84 a. M 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA S.C. Baltimore City, WIDOWED K DIVORCED I CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Bon Secours Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 3008 Normount Ct. 21216 13a STATE 13h COUNTY Baltimore MD 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Tramer MIDDLE MIDDLE Holly Ford Rosa 17. INFORMANT ADDRESS IAL SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Pauline Shepard 1445 North West 267-32-7895 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PRESTON ST.. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI NO V 216. TIME OF INJURY 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21L LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIRE DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 Inspection XX 22a I certify that I took charge of the remains described above, held an Autopsy Homicide Undetermined monner Natural couses XX death resulted from Acadent Suicide TITLE (SPECIFY) DATE 7-9-84 Assistant EXAMINER'S NAME 111 Penn Street Dennis F. Smyth, M.D. 23d. LOCATION 23 a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial 7/12/84 Sumpter Family Plot BP 24 FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Aye. C. March F/H (VR A15 ME (5)) 20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN TE MONTH 1. DECEASED NAME FIRST 7h HOUR (TYPE OR PRINT) Melvin McClinton, Sr. DEATH MATED 21 19 84 4 RACE & AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED AM DEAD 1984 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED Baltimore Citv NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS WN OF DEATH NAME OR INDUSTRY 2300 Blk. Nevada Street Baltimore COUNTY 13d. INSIDE CITY LIMITS? MIDDLE ADDRESS Sharon McClinton (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of neck DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 🗌 3 SHOULD BE DEPARTMENT 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 2:50xx 21 19 84 CONTRIBUTING CAUSE OF DEATH Subject shot 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY FARM, ETC.) COUNTY STATE WHILE NOT WHILE X street 2300 Blk. Nevada St. Balto. Md. 72s. I certify that I to Inspection Hamicide X Undetermined manner death resulted for TITLE (SPECIFY) ACTUAL DATE Deputy ChiefMEDICAL EXAMINER 7/21/84 SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT IL HURIAL, CREMATION, REMOVAL 236 DATE BP BY REGISTRAR 256 REGISTRAR'S SIGNATURE DAY 1081 **DHMH - 17** (VR A15 ME (5))

20M 4/82



+	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HY	GIENE	NO.	8 8	53
		CEASED NAME	PAUL		MIDDLE .	mci	Cormick	I 20 DATE OF DEATH			2h HOU
	3 SE			4. RACE		5 DATE C		6 AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDE
	10	Male		Whit	e	5 SONTH	19 03	81	YRS	ONTHS DATS	HOURS
72		RTHPLACE (STATE O OUNTRY) Ohio	OR FOREIGN		WHAT COUNTR	Y? 8 MARRIE WIDOWE	D NEVER MARRIED DO DIVORCED	Der T P TIII O I		OF DEATH	
19		ty or town of D					Hospital	12a USUAL OCCUPA (IYPE OF WORK FOR MOS Laborer		126. KIND OF INDUSTRY Steel	BUSIN
35	USU/ 13a S	AL RESIDENCE (IF NU TATE Md.	13b. COUN	OTHER INSTITUTION	13c. CITY OR TO	NWO	13d INSIDE CITY LIMITS?	13e STREET ADDRES 400 East	s 25th St	treet 2	121
300	14. FA	THER'S NAME FIRST Edward		MIDDLE	McCorn	nick	15. MOTHER'S MAIDEN N FIRST Anna			Lockar	
7		AS DECEASED EVE		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT	AD	Mato, N		
		No	(11 123, 011	E WAR OR DATES	268-12-	8541	Lawrence A.	McCormick	5205 Di	sney A	ve
And T	CERTIFICATION	19a DATE OF OPER					NOT RELATED TO THE TER	20a AUTÓPSY?	20b. IF YES,	WERE FINDING	GS US
	RTIF							YES NO	YES	-	NO.
2		21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DEA	TH HOUR A		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	BURY IN ITEM 18 PAI	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE (AT HOME S	OF INJURY TREET, FACTORY OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	
5 7		22a. I certify that (saw the decea	sed alive an		10		d that is (my) (our) apinion	to death accurred on the	date and hour	9 , the ond Irom the co	hat (1) ouses s
		276. SIGNATURE	aza	ut ,	Aujel	M	DEGREE ATTENDING PHYSICIAN	MEDICAL SI	AFF BICIAN []	22c. DATE S	
7		22d. PHYSICIAN'S N		r PRINT)	MO		22e ADDRESS PLT	3ALTI		fritA moz	12
	(URIAL, CREMATION SPECIFY) Buria	, removal	7-14			emetery or crematory phens Cemete:	23d LOCATION		น์ฟซันไไ	(
1		eorge J.	Gonce	4001	Ritchie	Hgwy	Balto Md 250 D	L 1 8 1984	R 200 REGISTR	AR'S SIGNATU	RE

PAUL IU. PICCORMICK ONINIES SIGN 2011 - Par nordug juli 100 1280 21407H2 THE SCHOOL STATE LANGER CONTRACTOR 07/02/ 84 00/11/ 84 18 Mr. LACAG BEEFE COM COM - STATE OF THE OF

		FOR - STATE REGISTRAR			MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	1	REG. N		3 3	5 4
		CEASED NAME EIRST SE	HANTARI	- RANGE	ANNE!	TOME CO	DRY 20		MONTH D	AY YEAR	11 P M
h e	3. SE	x Female	1. RACE BLACK	S	5. DATE C			GE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 7.1 HRS HOURS MIN.
15		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	01	SA	WIDOWE			ALTIMORE CITY O	R COUNTY	OF DEATH	MD.
36	1	BALTIMORE	UNIV-	EACILITY, GIVE STREET	ADDRESS)	ANOLTOSE		USUAL OCCUPAT			F BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13h COUN		Baltim		13d. INSIDE CITY LIMIT YES 🛣 NO 🗌	6	STREET ADDRESS		Ave.	21217
10		Charles	MIDDLE R.		~~	15. MOTHER'S MAIDEN		WIDDLE	R	LIEUBO	MON
1		NAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU	JRITY NO.	Diane Rh	eubo	ttom 62			AVE
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stafing the underlying couse lost	DUE TO, OR	AS A CONSEQU	ence of	ulmonar	13 h	y pert	unslo	n	M
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO			NOT RELATED TO THE		DISEASE OR CON	20b. IF YES	, WERE FINDING CAUSES	NGS USED
9	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IS ETHER NOTHY MEDICAL EXAMINER 218. INJURY OCCURRED WHILE NOT WHELE AT WORK ALWORK	HOUR A.M P.M 21e. PLACE O	MONTH D	19	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU		COUNTY	STATE
		278. I certify that (I) (this hospi saw the deceased slive on above. (I) we) did (did no 22b. SIGNATURE	t) view the body o	-15 19		d that in (my) (our) opi	NG _ N	to	FF		
1		224 PHYSICIAN'S NAME (TYPE O	,			220. ADDRESS 22 5	jue			1,,,,	
		BURIAL, CREMATION, REMOVAL SPECIAL UNERAL DIRECTOR	236. DATE 7/19/8	.020		EMETERY OR CREMATO	k.	Balti C'D. BY REGISTRAR		COUNTY CO.	MD TATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Wm. C. March F/H 1101 E. North Aye,

JUL 1 7 1984 in Devidor

and a sund the state of the s MIDDLE

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [] 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) CITY OR TOWN COUNTY and that in (no) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital BATTO., Md. ARBUTUS MEM. PARK BATTIMORE 24 FUNERAL DIRECTOR MARSHALL W. JONES. Jr. 4101 EDMONDSON AVE., BALTO., Md. 21229

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

6:48

204

17h KIND OF BUSINESS OR

Avenue 21201

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER TYEAR

INDUSTRY

Apt.

STANLEY

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	/ 1	It	ems, #5, & 6,	G-593,	7/27/84		E OF MARYLAND		
	5	1-	STATE DY F.H.,	Gbj. (CertiPEPAR		EALTH AND MENTAL	HYGIENE 🖁 🛂	1800
	1		registraralso Per	son 's	Birth /		ICATE OF DEATH	REG. N	
200			CEASED NAME FIRST OR PRINT)		MIDDLE		AS1	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
ay be			Irer			McCr		July	
4 may	1	3. SE		4. RACE		5. DATE (OF BIRTH 9 23	6 AGE IN YEARS LAST B	IRTHDAY) IF UNDER 1 YEAR IF UNDER 24
A Page)		Female	Bla		3	29 24	-60	YRS.
d H P	(17)		RTHPLACE STATE OR FOREIGN		WHAT COUNTRY	MARRIE	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH
ter dear	7/	S.	Carolina TY OR TOWN OF DEATH	USA	HOCOITAL AUDIO	WIDOWI	DIVORCED OR OTHER INSTITUTION	BALTIMO	
9 9 3	2//			(IF NOT IN SU	JCH FACILITY, GIVE STRE	ET ADDRESS)		TYPE OF WORK FOR MOST	
aurs aft in by th			ALTIMORE AL RESIDENCE (IF NURSING HOME)		ERAN HO		<u>. L.</u>		
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ficate be exec hysician and papers. Pages tavol.	medical	- (YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	213 21	mai			
5 9 0	the m	N			119.94		Hazel McC	ray 4013 C	hatham Road
rficate physici npaper	±.	70	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause pe	er line for (a), (b), o	and (c)	1111		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
2 4 6 6	event,			ATE CAUSE (a)	CARDII	4C A	RREST		
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0 0 0	umatic	3.4	Conditions, if any, which	6	ASCU	0			
e of a contract	Pro l		gave rise to immediate	(b)_	110				
by th	ather tra	100	couse (a), stating the underlying cause last	DUE TO, C	DR AS A CONSEQ	UENCE OF			4.10
÷ ¬ 0 0 0	5			(c)_					
quires signe hen pl	Ury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR COM	NDITION GIVEN IN PART 110
red t Th	<u></u>	CERTIFICATION	PATTY D	(HOETE	23 0/	JES IT	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
law is be ermit	Sany	S	19a DATE OF OPERATION	198 CONL	JITION FOR WHIC	HOPERATIC	N WAS PERFORMED	ZUB AUTOPST!	IN CERTIFYING CAUSES OF DEATH?
The la ian.	8 shaws	E						YES NO	YES NO
	80	B	21a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJ	URY IN ITEM TB PART 1 OR PART 2)
4 4 4 1 1	1	AL	OR CONTRIBUTING CAUSE OF C	EATH	P.M.	19			
PHYSIC ending this cer ne buria	5	MEDICAL	21d INJURY OCCURRED		E OF INJURY	.,	211 LOCATION		
the the	p	A	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR T	OWN COUNTY STAT
IF a Fe	marked					Hilles	19	me tome	d Pd
ATTEND aspital a CTOR: v	S		22a I certify that (I) (this has	pital/ottended t	he deceased from	ant	, 19_4	10 10	, 19 7, that (I) (we)
R ATTEN haspital IRECTOR: hed far us	2	113	saw the deceased alive a abave, (1) (we) (did) (did)	now view the bad	y'after death.	7.0	nd that in (my) (our) opin	nion death occurred an the	date and hour and from the couses state
8 4 8 9 G	E		22b. SIGNATURE 1	1 0			DEGREE		22c. DATE SIGNED
the the Detail	=	1/3	Kennel a	1 Cade	nekn)		ATTENDIN PHYSICIA	MEDICAL STA	
ERA Sto	Z		TAPHYSICIAN'S NAME LIPPE	OR PRINT)	1		22e ADDRESS	IN E DIRECTOR FITTS	CIAILE
HOSPITAL lined by th FUNERAL build be deth	SRT.				10-1		Sul	Meroima	
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F 5 F % >	_		SURIAL, CREMATION, REMOVA				EMETERY OR CREMATO	23d. LOCATION	COUNTY STATI
BP			BURIAL	7/26	/84 K	King N	lemorial P		
DHMH-16 30M 2/8	0	24 F	UNERAL DIRECTOR			7 1 7	250.	DATE REC'D, BY REGISTRA	R 256 REGISTIONS & SIGNA NIGE
(VRA 15, 4)		7.7	m C March F	/II Inc	ADDRESS		h Arranila	JUL 2 5 1984	Luci American Mandage
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14. 25. 84

STATE OF MARYLAND

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OFDEATH	ALCOUTE.	DAY	VEAD	21	HOLLD	_

No	1.	STATE REGISTRAR	DEI ARTI		CATE OF DEATH	REG. NO) ()	2 1
^		CEASED NAME FIRST E OR PRINT) WILLIAM	Widdle	Mc	CULLERS	2e. DATE OF DEATH N	7 09	YEAR 2	633 PM
	3 SE	* MALE	4 RACE BLACK	5. DATE O	BIRTH DAY YEAR ZZ 17	6 AGE (IN YEARS LAST BIRTH	MONTHS		HOURS MIN.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR BALTIA		EATH LTY	MD.
1/2	1	BALTIMORE	SINAL HOSPITAL	L OF	BALTO.	TYPE OF MORK FOR MOST OF		DUSTRY	BUSINESSOR
- muse b	13a 3	MARYLAND BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 134. CITY OR TOW TO: BALT	/N 1	136. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 3701 JOSEM	ITE AVE.	. 2	1215
300	III. F	ATHER'S NAME FIRST // // AM		ers	15 MOTHER'S MAIDEN NAM	ALDDIE	Jord.	A N	
medical		WAS DECEASED EVER IN U.S. ARI (YES, NO ORUNKNOWN) (IF YES, GIVI	E WAR OR DATES)	5221	Mrs. Bernie	e McCull	ers 370	1/0.	semite
event, the		PART I. DE ATH WAS CAUSED	ly one couse per line for (a), (b), and BY: E CAUSE (a) MYDCARD	-	NFARCTION			APPROXIM. BETWEEN ON	ATE INTERVAL ISET AND DEATH
ury, or ather traumatic	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	inal disease or cond	ITION GIVEN IN	PART 10	
ows ony inju	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH		N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
Item 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 O	R PART 2)	
arked or	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I			JIA CITY OR TOW	VN CC	OUNTY	STATE
m 21 is mo	Ŕ	obove, () (we) (did (did not	tal) attended the deceased from 19 11 view the body after death.	. on	d that in (our) opinion		te and hour and	from the co	
Z ±		1226. SIGNATURE UNIVERS	in MeBrzze	MD		MEDICAL STAF	F	9 JU.	LY 84
MPORTANT			BOGGS, M.D.			PITAL OF B	ALTIMO	RE,	MD
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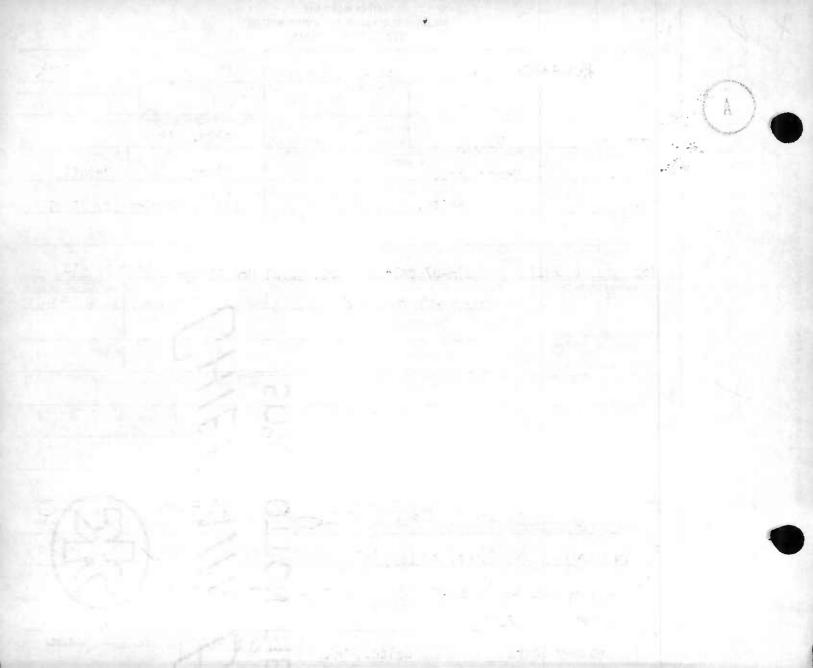
(VRA 15, 4)

JAS.A. MORTON & Sons DHMH - 16 50M 4/82

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V	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		8	3 5
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o to	(TYPE	ROLAN	UD R.	Ma	- Cullough	0	J 3.	7 84	230
1	3. SE	(4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF L		UNDER 20 HRS
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180	7a. 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.		9 BALTIMORE CITY O		DEATH	
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within within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME C		120 USUAL OCCUPATE		126. KIND OF 8	
od wi		Balto.	Mercy Hosp.	STREET ADDRESS)		Clerk	F WORKING LIFE)	Retai	1
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filled bould b	13a. S	Md.	INTY 136. CITY OR Balt	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 524 N. C	hanloc	C+ 21	207
> ÷	14 F/	THER'S NAME	Darc	.0.	15. MOTHER'S MAIDEN NA		lial les	She CI	201
nd 2	13.17	FIRST	MIDDLE	T	FIRST	WIDDLE		LAST	
E 0 2 800	14- 1	VAS DECEASED EVER IN U.S. A	BMED EODCESS 146 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
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es that the ateath ce ed by the attendin please remove carb urial, crematian, arr , or other froumatic		underlying cause last. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
been signi mit. Then prior to bu ony injury.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W		Linday 4-8	20a AUTOPSY?		VERE FINDING	S USED
hos hos	TIFICA	176. DATE OF OPERATION	176. CONDITION TON W	THE O'LKA'IC		YES NO	IN CERTIFYIN	NG CAUSES OF	
18 Ty		210. ACCIDENT WAS UNDERLYING	LICING A AA AACAITI	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
ng physicertificat rial-tran ental Hy Item 18 s	CAL	OR CONTRIBUTING CAUSE OF DE	EATH	19					
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01 5 10			pital) attended the deceased f	ram	19.85	(_ /	Sch, the	
haspital RECTOR: hed for us ept. af He tem 21 is		saw the deceased alive a	on view the bady after death.	19 84,0	nd that in (my Caur) o pinian	death accurred on the d	ate and hour a	nd from the co	uses stated
DIRECTOR DO DIRECTOR Dept.		22b. SIGNATURE	0 0		DEGREE			22c. DATE SIG	GNED
		De summer	111 P. 60	more	ATTENDING PHYSICIAN	MEDICAL STA		1,5	1.8
FUNERAL I THE State I ORTANT: If	1	12 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	1	1	F-A-T	77.5
should be with the IMPORTA		Jeannin	- L. Sair	ders	MECCU	Haspite	2		
show with	23o	BURIAL, CREMATION, REMOVA	AL 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION			
BP		(SPECIFY) Removal	7/27/84		9	CITY OR TOWN		COUNTY	STATE
	24 F	UNERAL DIRECTOR			250, PA	TE REC'D BY REGISTRAR	256, REGISTRA	R'S SIGNATUR	5.00
H - 16 50M 4/82 (VRA 15, 4)		Ana tomy	Board	Ress Balto	o., Md. JU	L31 1904	ma Hay	dson-han	TABLE
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(VRA 15, 4)

5	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEA	OF MARYLAND LLTH AND MENTAL HYG ATE OF DEATH	IENE 3 4	0.	3	5 4
o de la		OR PRINT) BEN	NIE	MCGI		JULY 23	MONTH DAY	YEAR 2	4:45 _M
	3 SEX		I RACE KCKC	5. DATE OF		6 AGE (IN YEARS LAST BIR			UNDER 24 HRS
10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY	MARRIED WIDOWED		BALTIMORE CITY O	R COUNTY OF		MD
	E	ALTIMORE		HÖPKINS	HOSPITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		26 KIND OF E NDUSTRY	BUSINESS OR
330	13a S	M d 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE I JNTY 131. GITY OR	TO .	ed. Inside city limits?	130 STREET ADDRESS	ZIP CODE	2003	4.
and 2	14 FA	THER'S NAME	MIDDLE LAST		S. MOTHER'S MAIDEN NA	MIDDLE	MC	966	
Pages 1		VAS DECEASED EVER IN U.S. A (ES, NO GRUNKNOWN) (IF YES, C	REMED FORCES? 166 SOCIAL:	3 1190+	ALICE M	C Gee. 13	13 E	Fede	ri At
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iene priar to b	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES OF	
ental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	IER) P.M.	DAY YEAR 19	ETC. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
th and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY OF		III. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
d for use t. of Heol m 21 is m		saw the deceased alive a above, (1) (we) (did) (did)	pital) attended the deceased fr 1723 nat view The body after death.	19 8 (, and	thatin (my) our) opinion	death occurred an the d	3 19_ ate and haur an	d fram the car	
be defected be defected by TANI # Hen		226 SIGNATURE 220 PHYSICIAN'S NAME (1791	Dallatel	ta	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	IAN	220 DATE SK	3/84
should be de with the State	22.5	Gina	Dallabetter		John		AS HO	BALTO	2120
	730 E	iurial, cremation, remova Grecify)	7/26/84	Grante OF GEN	Mem PR	as location	2, 7	A. L	STATE
5 50M 4/83	24	NAME THAT	not formando	izad na	Data So. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR	No.	



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			REGISTRAN HIS 4H7	of the obs	ATTICE OF	REG. NO.	
			CEASED NAME	MIDDIE	LASS	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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ded				GARET-C.			100
ق م		3 SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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9 0 8	800		RTHPLACE (STATE OR FOREIGN 75	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NITOFDEATH
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ě lež	9 1/1	10 0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST OF WORKIN	
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5 3-1	0	Ián V	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMAN	ADDRESS	0173/
E CO	medico		(IF YES, GIVE W		i i i	11	77 200
9 6	E /		No -	- 312-01-	4568 Thomas	VEUant-416	2 KILLY VIEW KIR
o 5 9	Ph.		IN CAUSE OF DEATH, S.A		1	7	APP OXIMATE INTERVAL
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reen or	-	Ĕ	190 DATE OF OPERATION	TIBL CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
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ho ho	3 4	<u>=</u>	7/17/84	15 Chemic	colitic	YES NOS	YES NO
Sicu oste nsil	5	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART LOR PART 21
AN Photo	8		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR		
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din din Me		MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
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the of	rk		AT WORK NOT WHILE AT WORK			4	
O o A sign	Ĕ		22a I certify that (I) (this hospital	attended the deceased from_	7115 19 84		19 that (1) (we) last
E S S E	2	1	sow the deceased olive on	7119 19	ond that in (my) (our) opinion o	deoth occurred on the date and	hour and from the causes stated
E d D P	2		obove, (Twe) (did (did not) v	new the body ofter deoth.			
PRE IRE	<u>+</u>		226. SIGNATURE	0	DEGREE		22c DATE SIGNED
at Co	No.		I live this	retari	ATTENDING	MEDICAL STAFF	7/19/94
HOSPITAL ined by th FUNERAL old be deta	z-		3			DIRECTOR PHYSICIAN	. 171 17 0-1
SPI SPI SPI SPI SPI SPI SPI SPI SPI SPI	¥		22d. PHYSICIAN'S NAME (TYPE OR PE	(TMT)	22e ADDRESS		
O a Sat	ő		ROY CHISHO	LM	UNION MEM	ORIAL HOSPIT	AL
o HOSP eroined TO FUNI should bi	MPORTAN						
F = F % >	_			236. DATE 23c, N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	OF CHINITY O STATE
			SPECIFY) ,	7-21-811 14	hodlawn Comoter		Bally a mi
RP						7 111 (1)(1) 11 10 11 11 -	6 m/0 / 1 11 V/H = / // VCL
BP		24 5	INFRAI DIRECTOR	1 91 04	TO WILCOM STITLE		CICTRAPIC CICNIATURE
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	4/83	24. FI	JNERAL DIRECTOR	Too - 3000	TO WILCOM STITLE		GISTRAP'S SIGNATURE



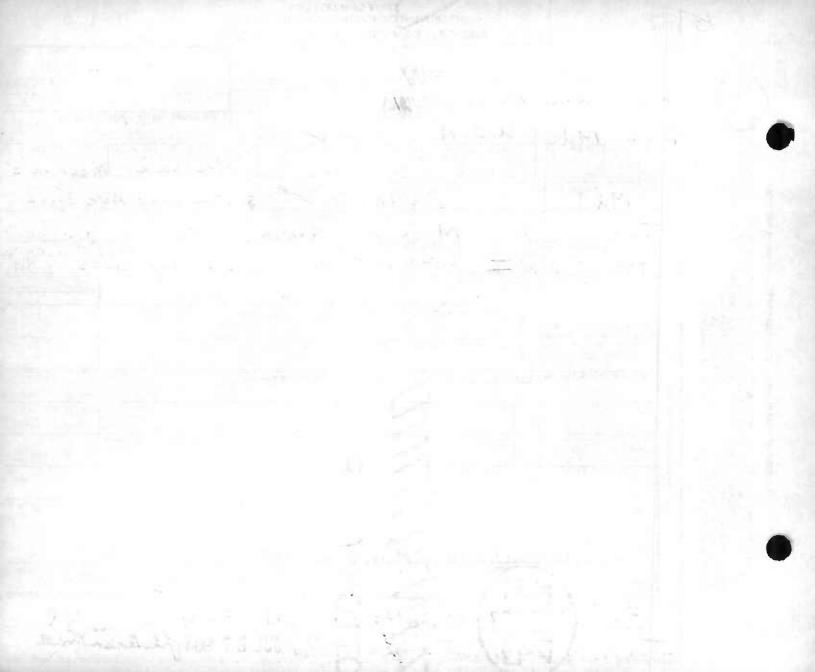
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	1	FOR STATE REGISTRAF	2				MENT OF I				all a	6.5	REG. N	3	3	6	1
	1.	DECEASED NA	AME FIRST			MIODLE			LAST		1		KNOWN	MONTH	H OAY	YEAR	26 HOUR
-20		(TYPE OR PRINT)	TATAT	TER	Le	e		MC	KELVII	N //	1	OF DEATH	ESTI- MATED	₹ 7	23	1984	M
*	3.	SEX	4 RACE	5. DATE	OF BIRTH		6 AGE (IN YE	ARS IF U		IF UNDER		t. DATE		HINOM	DAY	YEAR	2d. HOUR
)		Male	White	Sep	t. 15	60	23 YE	Mon	HS OAYS	HOURS	MIN	PRONOUP		7	23	1984	12:50
1	1	BIRTHPLACE		76. CITI	ZEN OF W	HAT COU	VTRY?	8 MARE	RIED NEV	ER MARRI	ED []	9 BALTIN	ORE CITY	OR COU	NTY OF	DEATH	
Ē	9	Maryla		4	151				WED	DIVORC	- 14	Balt	imore	Cit	У		MD
	10	CITY OR TOV	VN OF DEATH				RSING HOME	, OR OT	HER INSTITUT	ION	12e USU		PATION (T		12b K1	IND OF BU	SINESS
1		Baltim			630 S	. Rap	polla	St.			App	. Sh.	ip Lit	ter			
		SUAL RESIDEN 0. STATE Md.	CE (IF IN NURSING HO)	ME OR OTHER IN	ISTITUTION, G	VE RESIDENC	OR TOWN	(MC	13d. INSIDE CIT	TY LIMITS?	13e STRE	et addri	Rapp	olla	21. St.	229	4
-		L FATHER'S NA	WE	DDIE					III), MOTHE	K 2 WAIDE	NNAME					LAST	
í	C	Walter	Lee McKe	elvin	In.		LAST		Patr	ricia		(MOOLE	0	Less	czuk	
	Te	a WAS DECEA	SED EVER IN ILS	ARMED FOR	RCES?		CIAL SECURIT		17 INFORM	TIAAA			ADDRES	22			
		YES NO. OR UN	(1) (1)	778-79	163)	219	7-70-07	82	Walte	er L.	McKe	Lvin	630.	S. Ra	ppol	lla S	t.
	F	18 CAUS	E OF DEATH (Enter	only one co	use per line	for (o), (b), ond (c).)								A	APPROXIMATI	INTERVAL T AND DEATH
		FARI	DEATH WAS CAU	IATE CAUS			ting g		ot wou	nd of	head	d (ha	andgur	1)(1			
IAL, CREMATION, OR REMOVAL					DUE TO, OR	AS A CO	NSEQUENCE (OF									
KE/		gove	itions, if any, wh rise to immedi	ote /	(b)												
			(o) stating the <u>und</u> cause last.	ler-	OUE TO, OR	AS A COI	NSEQUENCE (OF									
EVVICE			ER SIGNIFICANT CONDITIO	ONS CONTRIBUT		BUT NOT REL	ATEO TO THE TERM	INAL DISEA	SE OR CONDITION	GIVEN IN PAI	RT Tio						
	+	190 DATE	OF OPERATION	1	96 CONDI	TION FOR	WHICH OPER	ATION	VAS PERFORA	MED?	_	-			20.	AUTOPSY	?
	1														HE	CAD O	ALY
	5	21a EXTE	RNAL CAUSE WAS		16. TIME O		DAY YEAR	21c_F	IOW INJURY	OCCURRE	D (ENTERN	ATURE OF IN	JURY IN ITEM	18 PART I OR I	PART 2)	4.	
-			ING OR		P.N	7 0		4 S	elf-in	flict	ed.						
		62.1	RY OCCURRED	1	THE PLACE	OF INJURY	(AT HOME.		CATION			CITY OR TO	WN		OUNTY		STATE
		AT WOR	NOT WHILE	X		use		1,6	O. HELI	Rappo	lla		alto.		, UNIT		Md.
		220 10	ertify that I took ch	orge of the	remains de	cribed ob	ove, held on	Auto		Inspection		Inquiry	□,	and in my i	opinion		
		death re	suited from: A No	atural cause		Accident	Su Su	icide X	, Homici	ide .	Undete	rmined m	onner],			
			A	\a	20				TITLE (SF						_		2.4
w		SIGNATU	RE /	M	XX	1	. 4	/	A.D. Assi	stant	MEDI	CAL EXAM	MINER	SIGN	VED	7-23-	34
d	7	EXAMINE	R'S NAME	nn M	Dish	M T	1		1	11 Do	nn C	+ r	BAlto	MA	21	201	
-	4	(TYPE OR	PRINT)						ADDRESS				DAT LO	· , Ma	. 41	1201	
		(SPECIFY)	mation, remova (remution	2 7-2	4_84	23c	NAME OF CE	Men Men	porial	Pk,	Ba	CATION		co	YIMUK	Md	ATE
	2	4 FUNERAL DI	Weben d	Sana	GOORESS	401	1 (1	ant.	2	25a. DATE F		REGISTRA	AR 256 REG	GISTRAR'S			
		JUIGE 1110	WEDEL O	2 30102	JILCO	101	J. (/	2116	12 760	JUT	261	1904	1		. (1

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	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH				
	DECEASED NAME FIRST	MIDDLE	MCMICHAEL	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 8:51 A
(8)	F-EMALE	CAUCASIN	5. DATE OF BIRTH MONTH DAY 12 YEAR 12	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
10	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	BALTINIOR	E CITY MD.
20	BACIMORE	(IF NOT IN SUCH FACILITY, GIV	174 /tosp/1992	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR INDUSTRY
Diagonal II	JSUAL RESIDENCE (IF NURSING HOME CO.		H BENEY YES NO	13e STREET ADDRESS / ZIP COD	IE 20714
140	4 FATHER'S NAME FIRST Ashley	Keith		MIDDLE	Honeycutt .
2 Sec. 16	60 WAS DECEASED EVER IN U.S. A LYES, NO OR UNIVIOUN) (IF YES, G		17 INFORMANT Bernice Bai	ley Marshal	1.North Carolin
emovol.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a), ED BY: ATE CAUSE (a)	DIOF ULINON ATOY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ove carboning over the company of the corporation, or the corporation of the corporation	Conditions, if ony, which (b) PERSISTENT, I ALHEANDIA				
or other tr	gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF PROB. About RESI. DISTRESS SYNDERME.				
3 5 5	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHCHRONIC RENAL INSUFFICIENCY				
ows ony	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 100. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 100. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 100. NO				
//	190 DATE OF OPERATION 190 DATE OF OPERATION 100 DATE OF OPERATION	HOUR A.M. MONT	H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rked or #	IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
should be detoched for use owith the State Dept. of Health IMPORTANT: If hem 21 is mo	22e.1 certify that (1) (this hospital) attended the deceased from 7/23, 19 4, to 7/29, 19 4, that (1) (we) last saw the deceased alive an 7/29, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did nat) view the body after death.				
	THE SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN TO THE SIGNED TO THE SIGNED TO THE SIGNED STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSI				
	DEBRA	A. VACHO	22e ADDRESS U. 33 5. C	revensiry trus	BALT. MD 2120
		L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	123d LOCATION	

S. Ja stations afron financial colores and a colores urtal description lighters vertered der 18-2-5 letter .b. nectons abl colyman farmer offere





	1,	FOR - STATE	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 4	18365
	1.06	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO	D. MONTH DAY YEAR 26 HOUR
oy be		VARM	A A	MENDEL		7 18 84 130A
tor. p	3. SE	-	AU, Wenn	5. DATE OF BIRTH MONTH DAY YEAR 5 7	6. AGE (IN YEARS EAST BIR	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Page uneral direction 72 hours	70. B	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	CALT	MORE CITYMO
s ofter d by the fu iled withi	2 10 0		NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET SINAI HOS		120 USUAL OCCUPATION OF WORK FOR MOST O	
24 haur	USU 13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13e STREET ADDRESS	HANKLIN AVE
completely completely 1 most 3 sh	14. F	ATHER'S NAME FIRST ROCK MID	DLE HAST	15. MOTHER'S N		H S I
n and co		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		-2270 IT INFORMANT CHAL	T (HOSPITA	
physicia physicia mayal.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED E	one couse per line for (o), (b), one couse per line for (o), (c), (c), (c), (c), (c), (c), (c), (c	RATORY ARRES	T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce ne attending emave carbo mation, ar r		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO		CANCER	
ires that the gned by the please re buriol, cre		underlying couse lost	DUE TO, OR AS A CONSEQUENCE (c)	DEATH BUNDOT RELATED TO THE TER	MIN AL DISEASE OR CON	DITION GIVEN IN PART 110
been sig rmit. Ther prior to b any injur	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	OPERATION WAS PERFORMED	26e AUTOPSYT	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The It con.	A E	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INDURY	Tal- HOW INHURY OCCU	YES NOW	YES NO
SICIAN: ng physical certifical urial-tran tem 18	01	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MOLCAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RRED (smill marting of relia	TI MIEM 18 PART I ORPART 2)
G PHYS offending of the bury ond Med or P	MEDICAL	21d INJURY C CLUBED WHILE NOT YOU D AT WORK AT WORK	21e PLACE OF MURY	FARM EIC) 211 LOCATION STREET	curonto	COUNTY STATE
ENDING PHYSICIAN; The rol or otherding physician OR; After this certificate house as the burial-transity (Health and Mental Hysiak Health and Mental Hysiak Is marked or them 18 should it is marked it is marked or them 18 should it is marked or them 18 should it is marked it		22a.1 certify that (1) (this hospital sow the deceased alive on	orlended the deceased from		toto	te and hour and from the couses stated
he haspithe haspital DIRECTO		obove, (I) (we) (did) (did not) v 22b. SIGNATURE	tiew the body ofter death.	DEGREE ATTENDING	MEDICAL STAI	22c, DATE SIGNED
HOSPITA ained by 1 D FUNERAL ould be de ith the Stots		224. PHYSICIAN'S NAME (TYPE OR PI	J. GARON	PHYSICIAN 220 ADDRESS Sin/A Unea	BALT MI	
TO HO INPO	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
BP	-	(SPECIFY)	JULY 20 1984 1	Porcham Man P	R PARKY	BALTO MARYLA
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	EMS MODRESS	HORECRO PO 250. 9	UL 20 1984	256 REGISTRAR'S SIGNATURE

9-11-5 (in -c - m) Lupuito BUSIN GROWN AND STREET STATE OF THE STATE

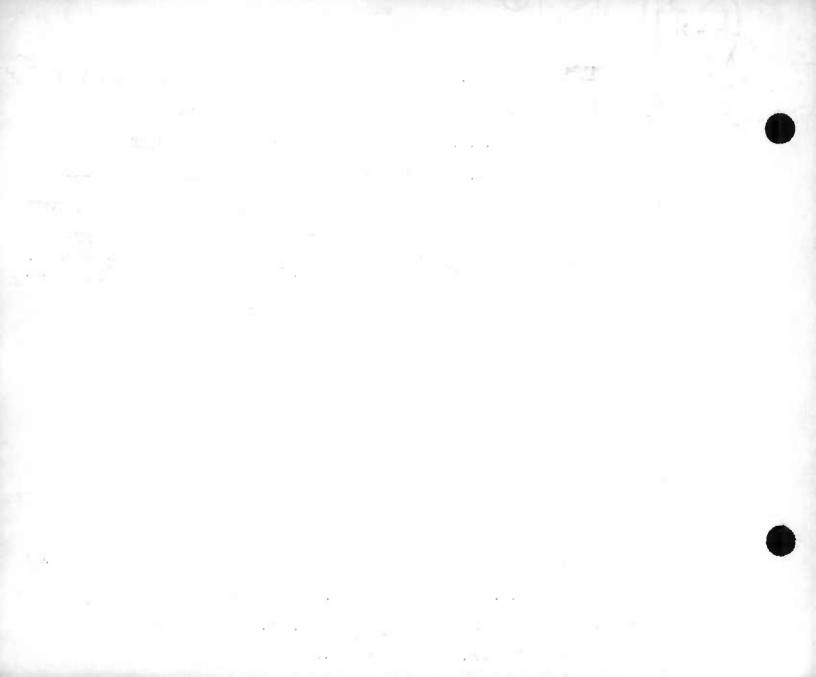
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
	1. DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH M	ONTH OAY		76 HOUR 20
	HAZEL	L	MEWSHA	AW _		7 14	841	10 MP
1	3 SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	OAY) IF UNDE	R I YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.
	FEMALE	WHIT	E MONTH	16 aa	61	YRS.	DAYS	HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DE	ATH	
F	MARYLAND	U.S.A.	WIDOWE		BALTIMORE	CITY		MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	170 USUAL OCCUPATIO		KIND OF	BUSINESS OR
	BALTIMORE	ST. A	GNES HOSPI	TAL	HOMEMAKER			-
	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU!		DENCE BEFORE ADMISSION) YOR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /			
Ì		WARD E	LKRIDGE	YES NO X	5833 TIMBE	RVIEW DR	IVE,	21227
	14 FATHER'S NAME FIRST	WIDOFE	LAST	15. MOTHER'S MAIDEN NAM	ME		LAST	
	NORMAN	RI	EINHARDT	DELMAR			ELLY	·
	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRES	S GLEN B	URNI	E, MD.
	NO	2:	17-16-7888	JAMES E. MEV	VSHAW 705 B			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for	(01, (b), ond (c)	1/1	+		APPROXIM	NATE INTERVAL NSET AND DEATH
		TE CAUSE (o)	and	ric HVM	esi		one	hour
		DUE TO, OR AS A C	CONSEQUENCE OF	. /) .)	1 /-		1
	Conditions, if ony, which gove rise to immediate	(b)	1/ (entricula	1 61011	atur 1	one	nove
	couse (a), stoting the underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF	ton	1.1-	, /		/
		(c)	Thu	10,111,4000	rai al this	CUCION	one	hour
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVEN IN I	PART Ita	
d	190 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING	19h CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	70g AUTOPSY?	706. IF YES. WERE	E FINDIN	GS LISED
7	FIC				YES NOT	IN CERTIFYING (CAUSES	OF DEATH?
Ź	710 ACCIDENT WAS UNDERLYING	716 TIME OF INJUR	Y	71c HOW INJURY OCCUR			PART 21	110
1	00 000 000 000 000 000 000		ONTH DAY YEAR					
	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	71e PLACE OF INJU	JRY	211 LOCATION			UNTY	STATE
	WHILE NO WHILE D	(AT HOME STREET FACTO	ORY OFFICE FARM ETC)	STREET	(III) OR TOW		DMIT	STATE
	220.1 certify that (I) (this hosp	ital) attended the decea	sed from	. 19	to	. 19		hot (I) (we) lost
	sow the deceased alive or above, (1) (we) (did) (did no	t view the hody ofter de	19or	nd that in (my) (our) opinion	death accurred on the dat	e and hour and t	rom the co	auses stated
	226 SIGNATURE	1 view the body offer de		DEGREE		27	L. DATES	IGNED
ļ	1666	Men File	glo M	ATTENDING PHYSICIAN E	MEDICAL STAFF		7//3	5174
	224 PHYSICIAN'S NAME	in thingsy		77e ADDRESS			rd-up-ra-	
	JEFFREY COLE	M.D.		ST. AGNES I	HOSPITAL, 90	O CATON	AVEN	UE 21229
	730. BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	73d LOCATION CITY OF TOWN	COUN		aratz
	BURIAL	07-18-84		RIDGE MEM. PK.	 ELKRIDGE 	HOWARD	MAR	YLAND
	24 FUNERAL DIRECTOR		212	29 25a. PAT	E REC'D. BY REGISTRAR 2	REGISTRAR'S	SIGNATO	REdell

DHMH - 16 50M 4/83 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



DIVISION OF VITAL RECORDS, 201

THE RESERVE OF THE PARTY OF THE Secret among the secret at the Park of the secret and Singularity of the Transacti Birth TO SEE THE PROPERTY OF THE PARTY OF THE PART

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg. No.	8 3 5 0
ŀ	DECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH MONTH	DAY YEAR 2b HOUR
l	(TYPE OR PRINT) LEIG	SH ANN	MICHEL	07	
ľ	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
L	Female	White	Aug. 17, 1965		RS.
P	Maryland	75. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED 2	BALTIMORE	CITY ADD
ŀ	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
ŧ	BALTIMORE		HOPKINS HOSPITAL	Student	NG LIFE) INDUSTRY
•	SUAL RESIDENCE (IF NURSING HORE 130 STATE CARRY)	or other institution, give residence in the punity 13th CITY or Phoen		13e STREET ADDRESS / ZIP C 12851Stone E	CODE Md. 21131 Cagle Rd. Phoenix
F	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
ł	Howard M.	Michel, Jr.	Mary	_	Ferguson
ħ	MAS DECEASED EVER IN U.S.	ARMED FORCES? 16h SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS R	d. Phoenix 21131
Ł	NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 215-94	4-1263 Mr. Howar	d M. Michel, 1	2851 Stone Eagle
Γ	18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b	or, and icy	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAL	HATE CAUSE (a) RESPIN	ratory failu	re	1 week
ı		DUE TO, OR AS A CONS	EQUENCE OF	60	/
ı	Conditions, if any, which	((b) Hode	akins ausea	se	142.
ı	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF		
ı	underlying cause last	(c)			
ı	4.6	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
l	\$ Hypercal	cemia			
ı	19a DATE OF OPERATION (19b. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
J				YES NO	YES NO
ı	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			JRRED (PHIER NATURE OF INJURY IN ITE	M 18 PART LOR PART 2)
ł	(IF EITHER, NOTIFY MEDICAL EXAM		19		
ı	(IF EITHER, NOTIFY MEDICAL EXAM)	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ı	AT WORK NOT WHITE AT WORK		2/12	11 - 2/2	01/
١		spitali) attended the deceased fr	141		, 19, that (i) we last
ı		nat) view the body after death.		in death accurred on the date and	
ı	27b. SIGNATURE)	DEGREE ATTENDING	MEDICAL STAFF	22 DAJE SIGNED
4	774 PHYSICIAN'S NAME (TY	Weissin	PHYSICIAN 122e ADDRESS		x 17/27/04
l	David Fu	2	Tohn 6	tookins Ho	ospital
Ť	13a BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATOR		
I	Barial //	7/30/84	Dulaney Valley Cer		
ſ	THE PURPOSE OF THE STREET	ALIMAN AND AND AND AND AND AND AND AND AND A	25a D	ATE REC'D. BY REGISTRAR 256. BE	GISTRAR'S SIGNATURE
1	Lemmon-Mitch	nell-Wiedefeld,	55 10 W. Padonia Ro	W 7 U 1984 H	



death. Page 4 may be

completely filled in by the funeral direc and 2 should be filed within 72 hou

1	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	aggeneration of the state of th	8 3	6 9
(TYP	CEASED NAME E OR PRINT)	NEE		D <	Mi	CKENS	20 DATE OF DEATH	7-	31-84	10:00 R
3. SE	FEMAL	5	BLAC	CK	S. DATE C		6 AGE (IN YEARS LAST BIF	YRS	F UNDER I YEAR	HOURS MIN.
1	IRTHPLACE (STATE OR) COUNTRY) Marvland	OREIGN 7b	CITIZEN OF	what country	? 8. MARRIEI WIDOWE	D NEVER MARRIED X	BALTIMORE CITY OF			
10 C	ITY OR TOWN OF DEA		NAME OF I	HOSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION .	12h KIND O	F BUSINESS OR
USU	ALTIMORE AL RESIDENCE (IF NURS			ECOURS GIVE RESIDENCE BEFO		ITAL				
M	aryland	13b. COUNTY		Baltir		134 INSIDE CITY LIMITS?		ZIP CODE klow	Road	21229
14. F.	Clyde	MIDI	DIE	Thompso	on	15 MOTHER'S MAIDEN NA. PIRST Dorothy	WE		Micker	ns
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		166 SOCIAL SEC 217-78-	URITY NO.	Dorothy Al	ford 1121			
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o AS CAUSED B IMMEDIATE C	Υ:	Card	nd ici	ulmonar	y are	st	BETWEEN	MATE INTERVAL DNSET AND DEATH
	Conditions, if ony,		DUE TO, O	R AS A CONSEQU	JENCBOFF	rin				
	couse (a), statin underlying couse	g the	D UE TO, O	Christon	MC OF	Repachor	y anen	ua		
NO	PART 2 OTHER SIGN	VZ 2		MW CZ	DEATH BUT	NOT REVATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVI	EN IN PART I o	
CERTIFICATION	190 DATE OF OPERA	ION	196 COND	TION FOR WHIC	H OPERATIO	WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	216. IN JURY OCCUR	RED	21e PLACE			211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (1)	(this hospital)	7/3/	19_	84 6	d that in (my) (our) opinion	deoth occurred on the d	ote and hour		that (I) (we) fast couses stated
	above, N (we) (c	lid) (did not) v	aw the body	ofter death		OF CORE			In oar	cic. III

TO FUNERAL DIRECTOR. After this certificate has been etoined by the hospital or TO HOSPITAL BP.

OR ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the b

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the and Mental Hygiene prior to burial, cr

230. BURIAL, CREMATION, REMOVAL BURIAL 23b DATE 8/6/84

Cedar Hill Cem.

22e ADDRESS

ATTENDING

LOCATION CITY OR TOWN

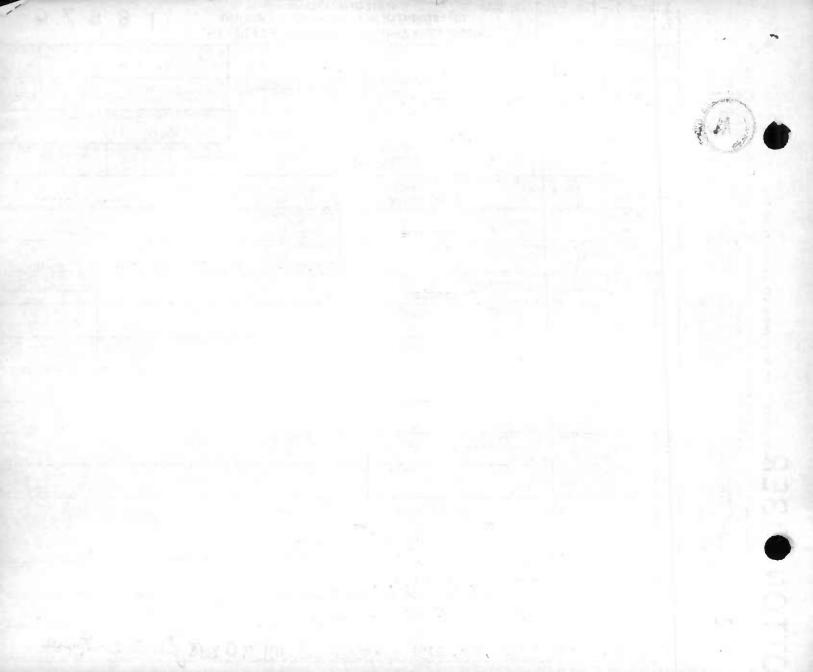
74 FUNERAL DIRECTOR
Wm C March F/H Inc. 1101 F North Avenue

m. Anne Arundel Co, 250. DATE REC'D. BY REGISTRAR 250 REGI

STAFF



LINDA S. DEATH MATED 7-26-84, DEATH			STATE REGISTRAR	FIRST		CAL EXA	MINER'	CERTI	FICATE	OF DEA	1100	3. NO.	DAY YEAR	- D
Female Black 11 6 47 36 YRS Female Black 11 6 6 47 36 YRS FEMALE STATE OF THE PROPERTY OF TH			E OR PRINT)				М				OF ESTI-	7-2	6-84,9	
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IN NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 MOST OF WORKING (HE) 170 MOST OF WOR		BIF FOR	RTHPLACE (STATE OR		ZEN OF WHAT	COUNTRY?	8. M					TY OR COUN	TY OF DEATH	
ALL RESIDENCE (# IN PURISHED ONLY OF CONTROL OF CONTR		0. CIT	TY OR TOWN OF DEATH		ME OF HOSPIT	AL, NURSING	HOME, OR	OTHER INST		120. USL	AL OCCUPATION	TYPE OF WORK	12b KIND OF E OR INDUS	
FATHER'S NAME LAST S. MOTHER'S MAIDEN NAME MODIE LAST Marie Mickey Marie Marie Marie Mickey Marie Marie Mickey Marie	13	3a. ST	TATE [13]	ING NOME OR OTHER IN	STITUTION, GIVE RE	ESIDENCE BEFORE	ADMISSION)	T3d INS				Ct-	01/	200
NO If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. If yes, Give war or Dates Indian Social Security No. Indian Secur	ь	4 FA	ATHER'S NAME	WIDDLE		LAST	ore	15. MC	THER'S MAIL				LAST	202
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: National Supervises of immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF	16	60. W	VAS DECEASED EVER IN				CURITY NO	17. INF	ORMANT	nson		RESS		et :
UNDERLYING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. I certify that I took charge of the remains described above, held an death resulted from: Natural causes D., Accident D., Suicide D., Hamicide D., Undetermined manner D., TITLE (SPECIFY) ACTUAL SIGNATURE UNDERLYING OR COUNTY 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 21d. IOCATION STREET CITY OR TOWN COUNTY COUNTY TITLE (SPECIFY) ACTUAL SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNED 7-27		NO	gave rise to im cause (a) stoting th lying couse lost.	y, which nmediate he <u>under</u> -	(b) OUE TO, OR AS	a consequ	ENCE OF	SEASE OR CONE	DITION GIVEN IN I	PART 1 (a).				
UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET. FACTORY, FARM, ETC.) 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . TITLE (SPECIFY) ACTUAL SIGNATURE . DATE . SIGNED 7-27		TIFICATI					H OPERATIO	WAS PER	FORMED?				20 AUTOPS	
AT WORK 27a. I certify that I took charge of the remains described above, held on Autopsy Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner, ACTUAL SIGNATURE			UNDERLYING OR CONTRIBUTING CA	R AUSE OF DEATH	HOUR A.M. M P.M.	AONTH DAY	YE AR			RED (ENTERI	VATURE OF INJURY IN IT	EM 18 PART 1 OR P	ART 2)	
death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined manner, TITLE (SPECIFY) ACTUAL SIGNATURE ACTUAL EXAMINER DATE 7-27		MED					IOME. 21		1		CITY OR TOWN	cc	YINUC	STATE
(TYPE OR PRINT) ADDRESS ADDRESS			ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Margari	ta A. K	Korell,	Suicide	M.D. A	e (SPECIFY) ssista	Under	Ermined manner			34
236. BURIAL CREMATION, REMOVAL 736 DATE 7/30/84 Cedar Hill Cemetery Crematory Anne Arundel Co, COUNTY	23	230.Bl	URIAL CREMATION, REM BURIAL	MOVAL 236 DATE 7/30	0/84	23c. NAME Cedar	OF CEMETE Hill	or crew Cemet	ery	23d 10 An	ne Arund	el Co,	INTY	⁄ď.



Market LARE U.S. June



STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	9

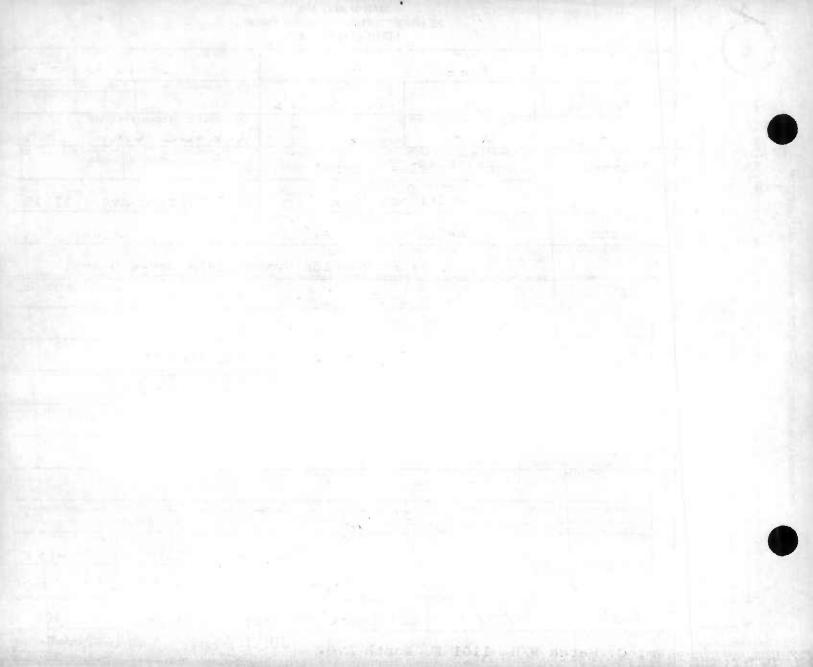
	1				STATE OF MARYLANI	0				-1 -1
10	1	FOR STATE		DEPARTMENT	OF HEALTH AND MEI	NTAL HYGIE	NE 8 4	1 8	ं	1 3
1	' '	REGISTRAR		CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME FIRST	MIDDLE		LAST			MONTH DAY	YEAR	2h HOUR
	(TYPE	James James	3 E.		mills	-		7 27	84	250 PM
	3. SE	X	4 RACE	5. D	ATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		MALE	BLACK			26	57	YRS		NOOKS MIN.
70		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT O	M	ARRIED NEVER MAI	RRIED 📙	BALTIMORE CITY OF			MD.
32	-	ALTIMORE	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRE	OME OR OTHER INSTITU		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	INDUSTRY	NG CORPAME
26	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	OTHER INSTITUTION GIVE RES		134 INSIDE CITY		3 20 Deni	ZIP CODE	_	21229
0	_	ATHER'S NAME	11313	- IIIIOR	15 MOTHER'S M			3071 0		21227
00		JOHN	MIDDLE	MILLS	FIRS	ER BET	TY		WAR	REN
8		WAS DECEASED EVER IN U.S. AR		CIAL SECURITY		6	ADDRE	SS		,
	2	YES, NO OR UNKNOWN) (IF YES, GN	ve war or dates) 23	750 39	79 Dorothy	Tayl	lor 341 N	. Deni	son	Street
		18 CAUSE OF DEATH (Enter or		10), (b), and 10).	ı		*******		BETWEEN	MATE INTERVAL ONSET AND DEATH
, ,		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) liver failure								days
2			DUE TO, OR AS A	CONSEQUENCE	OF					
		Conditions, if any, which		teestatio		cano	er		22	nonths
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONSEQUENCE	OF					
6		underlying couse lost.	(6)	CONSEGUENCE						
Š		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEAT	H BUT NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN	IN PART 10	0,
5	O N									
and and	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPE	RATION WAS PERFORM	NED	20e AUTOPSY?	20b. IF YES, WI		
2	THE						YES NO	YES [№ □
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M			RY OCCURRE	D (FINTER NATURE OF INJUR	Y IN ITEM TB PART I	OR PART 2)	
E "	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJ		21L LOCATION		CITY OR TO	WN	COUNTY	STATE
D L L	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	FORY, OFFICE, FARM, E	:TC]					
e E S		220.1 certify that (1) (this hasp		463.4	July 15	19_84	. to July	27 19-	84.	that (I) (we) lost
7		sow the deceased dive or obove (I) (we) (did) did no	ot) view the body ofter d	eoth. 19 54	, and that in my (or	ur) opinion de	eath occurred on the do	ite and hour an	d Irom the	causes stated
Fea		226. SIGNATURE			DEGREE				22c DATE	SIGNED
=		Parlessa le. Co	meley At		MD ATT	ENDING YSICIAN	MEDICAL STAF		718	77/84
4	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	100				. ^
5		BARBARA 1	1. CONLEY	MD	umcc		S. Greene	St P	Baltir	nore Md
6	23a I	BURIAL CREMATION, REMOVAL	8/2/84		e of CEMETERY OR CRE		Littlet	cc	DUNTY	N.C.
			1 0/2/04	Moul	ic office (eill.	PICCIEC	on,		IV.C.

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc, 1101 E North Avenue

JUL 3 0 1984 July Davidson Randall

PACTABORE CITY BACTIMOSE CANVESTY OF MENIND INCH SPAILER BOOKING COSTAND THE THE MAD WE SEE SAGMITTED CHARGES E JAILUS WHAT DETTY WARREN Maga liver for local library Superconstant Colors Colors Office Association THE WEST OF THE PARTY OF THE PA princip and the Thomas Begging A. Lougy Mb Unit 22 2 Lather St Bullimore MA

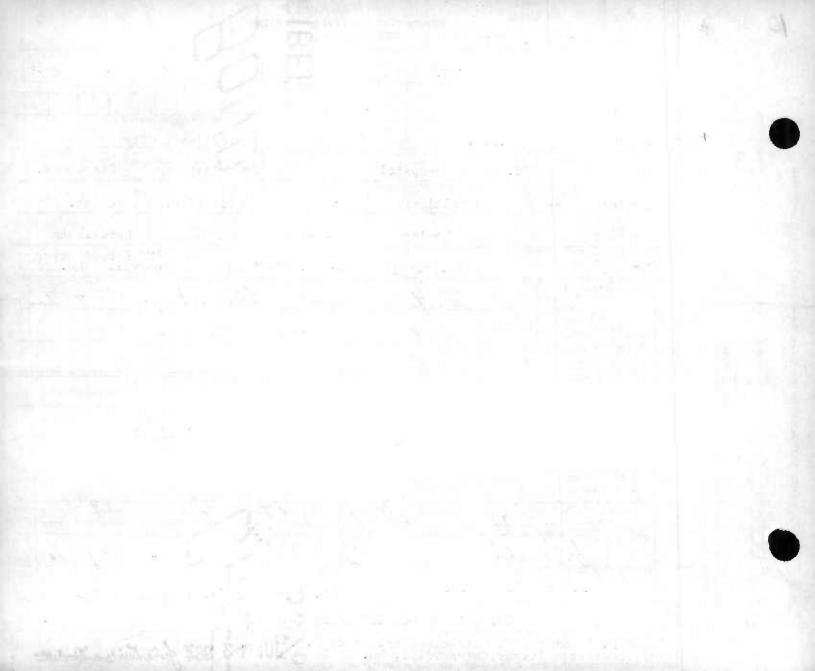


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DIVISION OF VITAL

STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

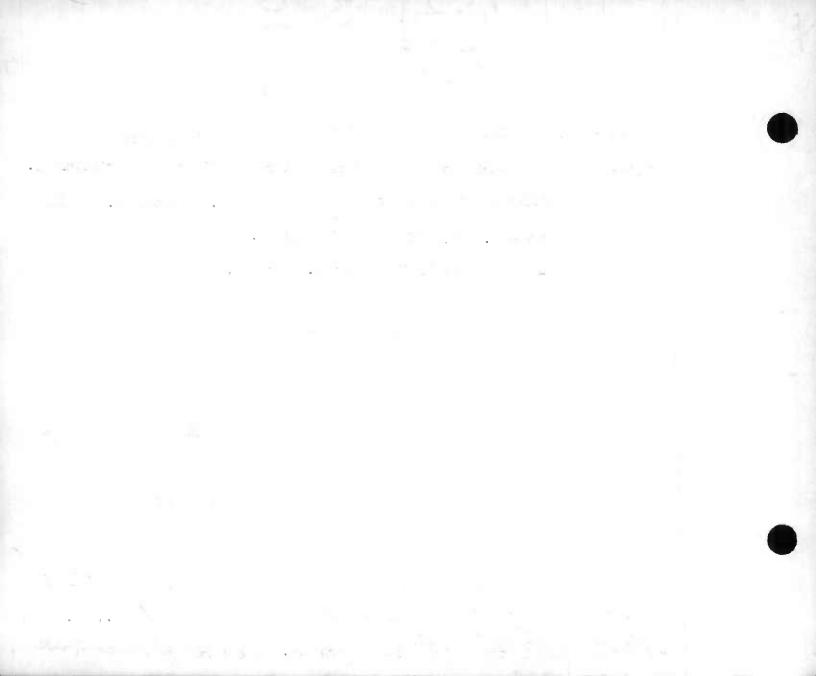
/:	- STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.	
	DECEASED NAME FIRST	MIDDLE	LASI		26 DATE OF DEATH	MONTH DAY YEAR	26 HOUR P
ľ	TYPE OR PRINT) ELLA		MITCH	ELL	JULY 23	, 1984	8:55 _m
3.	SEX	4. RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR		
	Female	Black	1 2	10 92	91	YRS.	YS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR'	Y2 A		/ ±	R COUNTY OF DEATH	1
	COUNTRY)		MARRIED	NEVER MARRIED	BALTIMO	_	
4	Alabama CITY OR TOWN OF DEATH	U.S.A.	WIDOWED				MD.
2	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	OPKINS	HOSPITAL	TYPE OF WORK FOR MOST C		D OF BUSINESS OR RY
Z	SUAL RESIDENCE (IF NURSING HOME OF			3d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	
	Maryland			YES XX NO		ewood Ave	nue 21218
_	FATHER'S NAME			MOTHER'S MAIDEN NA		wood nie	TGC Z I G I G
77	Charlie	MIDDLE LAST	_	C 1 a a a a	WIDDLE		LAST , S
14	6 WAS DECEASED EVER IN U.S. AR	Hutton RMED FORCES? 166 SOCIAL SE		Classie	ADDRE	55	
1	(YES NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)					
L	NO	216-24	-2349 v	Villiam H.	Yow 2003		Avenue ROXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF	OT RELATED TO THE TERM		3.A.	Na
7	196 DATE OF OPERATION 7/ 8 / 4 716 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY	bites u	WAS PERFORMED CPUS TIC HOW INJURY OCCURR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	206. IF YES, WERE FIN IN CERTIFYING CAUS YES TEN THE TRANSPORT TO REPORT	SES OF DEATH?
	CHETHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURED WHILE NOTWHILE ALWORK ALWORK			PII LOCATION STREET	CITY OR TO	wn COUNTY	STATE
		ital attended the deceased from	, ond	that in (my (our opinion of GREE ATTENDING	death occurred on the d	22c. DA	the couses stated
	27d PHYSICIAN'S NAME (TYPE	Feldmah		PHYSICIAN PROPERTY AND PROPERTY	Kins Hosy	Balt, M	0 21200
2.	BURIAL, CREMATION, REMOVAL	- 1 - 1 - 1		METERY OR CREMATORY Memorial	Pk Arbuti	1S,	Md STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm C March F/H Inc. 1101 $\stackrel{\text{ADDRESS}}{E}$ North Avenue



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STATE OF MARYLAND

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FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	18	382
1. DECEASED NAME	FIRST	WIDDLE		AST			AR 2b HOUR
	MYRTLE	Α.	MON	CK		7-11-8	4 8-391
3. SEX	4 RACE	Section 1	5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH		
Female		hite	Feb		90.	YRS.	DAYS HOURS MIN
JO BIRTHPLACE (STA	E OR FOREIGN 76. CITIZE	N OF WHAT COUNT	RY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	Н
Md.		U.S.A.	WIDOWE		Baltimor	e City	
Baltim	(IF NO	TE OF HOSPITAL, NUF IT IN SUCH FACILITY, GIVE ST Th Chas.	REET ADDRESS)	al Hosp.	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Homemake:	WORKING LIFE) INDUS	ND OF BUSINESS C
USUAL RESIDENCE (III	NURSING HOME OR OTHER INST	ITUTION GIVE RESIDENCE BE	OWN	13d. INSIDE CITY LIMITS? YES NO [3430 Erd	man Ave.	. 21213
14 FATHER'S NAME FIRST Georg	e W.	Mile		15 MOTHER'S MAIDEN NAME FIRST Marga	WE		ouch
YES, NO OR UNKNOW	VER IN U.S. ARMED FOR {IF YES, GIVE WAR OR D	ATES)		17 INFORMANT D6 Margare	ADDRES		same address
gove rise to couse (o), underlying of PART 2 OTHER	tating the DUE		TO DEATH BUT	WC PULL			RT I(o)
190. DATE OF OF		CONDITION FOR WH			20a AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES []	INDINGS USED USES OF DEATH?
		IME OF INJURY UR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)		
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OC WHILE NATIONAL		CLACE OF INJURY DME, STREET, FACTORY, OFFI	CE. FARM, ETC }	211 LOCATION STREET	CITY OR TOWN	v count	TY STATE
sow the de obove, (I) (v 22b. SIGNATURI	ve) (did) (did not) view the	body ofter death.	9 \$1 , on	d that in (my) (our) opinion of		22c. D	that (1) (we) long the couses stated DATE SIGNED
	SNAME (TYPE OR PRINT)	- m		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		-11-84
	15. W. 3	HAH.		Rathing	no, mi	> .	
230. 8URIAL, CREMATI	al 236. DA		R NAME OF CE	METERY OR CREMATORY	Baltimor	e county	Md. STATE

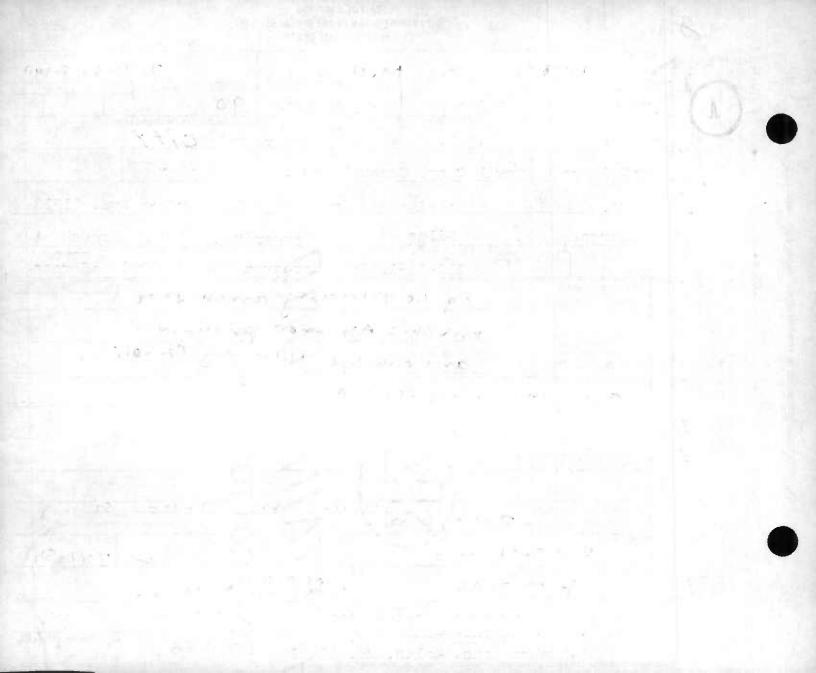
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REGISTRANDRUGOSONIEN andale

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

3331 Brehms Lane, Balto. Md.



Howard K. McComas III, Abingdon, Md. 21009

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR 458

12b KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

Counts

COUNTY

COUNTY

22c. DATE SIGNED

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

		- 1					OF MARYLAND	6	1 0		0
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you	F: A	1	3. SEX		. RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
090	/ u	1		MALE	CAUCASIAN	MONTH 4	8 13	7/	YRS	DATS	HOURS MIN.
4 S	2 ho 2 ho	10	7a. BI	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNT	RY? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	_	ATH	
deod	within ied at a	11	W	ASH. D.C.	U.J.H.	WIDOWE		BALTZ		UI.	TY MD.
ol s offer	by the fulled with	43	-	ALTIMORE	1. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST SOUTH BALT			TYPE OF WORK FOR MOST O	F WORKING LIFE) INE	KIND OF DUSTRY	BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.	d be f		13a. S	L RESIDENCE (IF NURSING HOME OR OT TATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE /		
LANG Vin 24	y fill shoul	20		THERS NAME	IMORE BALT.	IMORE	YES NO 1		ATH !	2/2	30
ARYL with	ond 2	20	III.FA	FIRST	IDDLE LAST	NKS	FIRST	MIDDLE		LAST	
ORE, M.	E 0 0	00	16a V	W JLLTAM (AS DECEASED EVER IN U.S. ARM			HATTI	ADDRE	UNK-		
AOR exe	Pages 1	1	- 0	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 577-16		CHART	eorge A. Mor	IKS		Ma
LTIA	cion ers. F	1	V)	UKNOWN	- 77		Charach	3 Linden Te	errace it	APPROXIM	AATE INTERVAL NSET AND DEATH
V ST., BAL	pop pop novol			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			IOWARY AR	REST		SETWEEN OF	NSET AND DEATH
4 ST	no p bon			IMMEDIATE			LOTVIAL T ATL	14651			
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DS,	Then to b		O								
00	mit. prior	0	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER	E FINDING	GS USED
he lo	S o o o o	7	TIF					YES NO	YES [CAUSES (NO [
ZI Z	ding physicial ins certificate h burial-transit Mental Hygiel ar Item 18 shar	0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OF	PART ?)	
O O	ding plants certification of them	7	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	}				
SION OF VI	this c e bur d Me		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM FIC)	21f LOCATION STREET	CITY OR TO	wn co	YINUC	STATE
<u>N</u> 9	After that os the lith and corked o		2	AT WORK NOT WHILE AT WORK		,					
9	o Se o			22e I certify that (1) (this hospital) ottended the deceased fro	0	, 19 84		17		hat (1) (we) lost
ATTE	RECTOR ned for opt. of H			saw the deceased alive on obove, (1) (west did ydd down)	7 - 18 1	9, on	d that in (my) (our) opinion o	death occurred on the do	ate and hour and l	rom the co	auses stated
S. S.	DIREC Direct Dept.			27h SIGNATURE	1) mile	n hi	ATTENDING	MEDICAL STAF		2 DATES	IGNED
TAL	_ 0 =			I-OVWI K	J. Julia	- M	PHYSICIAN [DIRECTOR PHYSIC	IAN	71	118184
HOSP	FUN old h	1		224 PHYSICIAN'S NAME (TYPE OR	D. MILTE		300/ S. H.	anover St.	Balti	nore	21230
5	sho sho			URIAL, CREMATION, REMOVAL	23b DATE 2	3c NAME OF CI	METERY OR CREMATORY	23d. LOC ATION			
	3P		Ci	Penne times	7-19-84	roudon	Strk Crema	A Bal-	10. W	0. 5	21229
DHM	H - 16 50M 4/8	3	25 FL	INERAL DIRECTOR	5295	MAINS	25a. DAT		25b. REGISTRAR'S	SIGNATU	JRE 92
	VRA 15, 4)		6	avery L. KAUFI	MAN EIKN	elec .	JUL	23 1984	.u. xwids	21-110	
											

- STATE

I. DECEASED NAME

REGISTRAR

17b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e STREET ADDRESS / ZIP CODE 4449 Wrenwood Ave. 21212 Lee Monroe Montague 4449 Wrenwood Ayenue PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Status Post Status Post Failure: Hupertension: Renal failure. three (3) E ERTs' 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 711711 37 19 84, that 30 (we) lost 84, and that in (36) (our) opinion death occurred on the date and hour and from the couses stated 22r DATE SIGNED 7/31/84 PHYSICIAN DIRECTOR PHYSICIAN XX c/o Maryland General Hospital BURTAL Garrison Forest VA OWINGS Mills Ma. 24 FUNERAL DIRECTOR 250. DATE REC'D-BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 his Davidson- Handell Wm C March F/H Inc. 1101 E North Avenue MIC (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

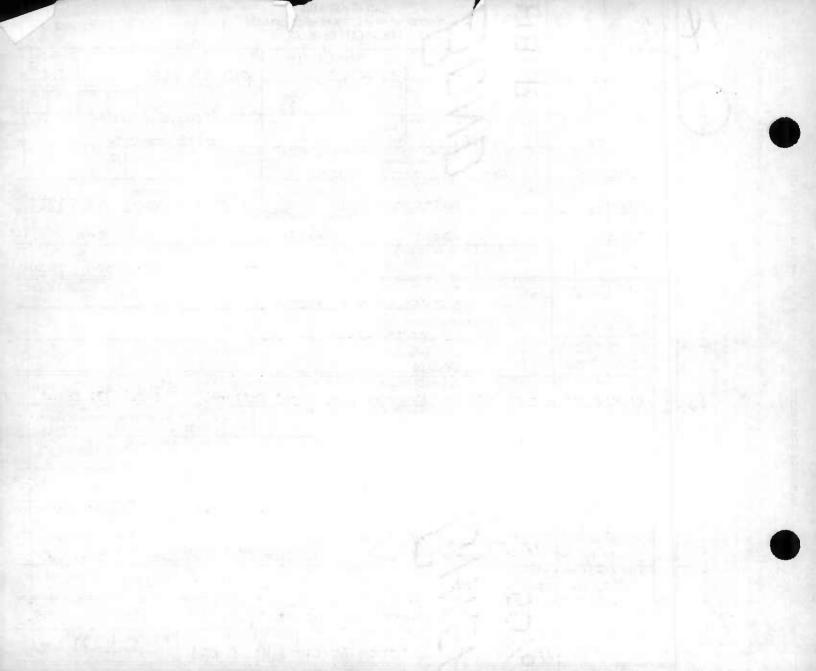
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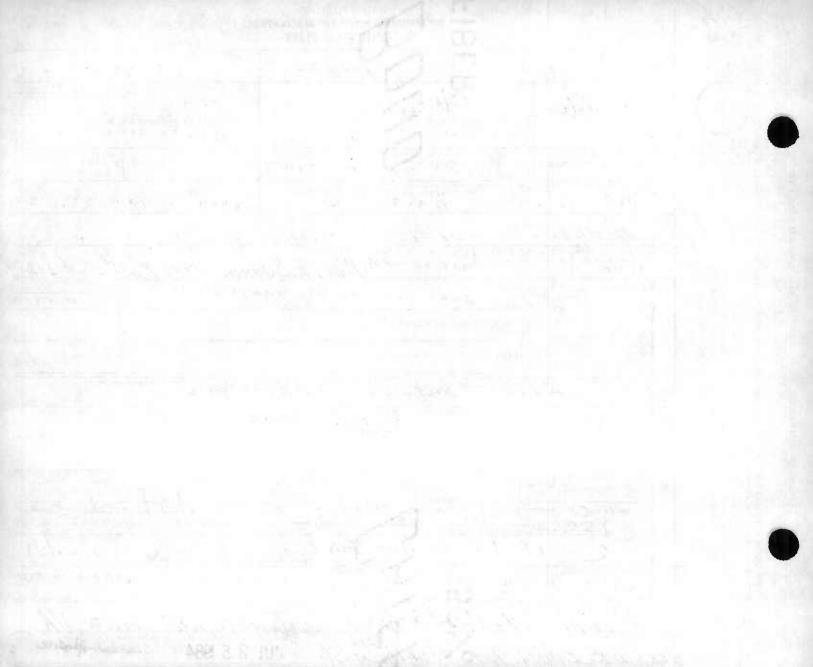
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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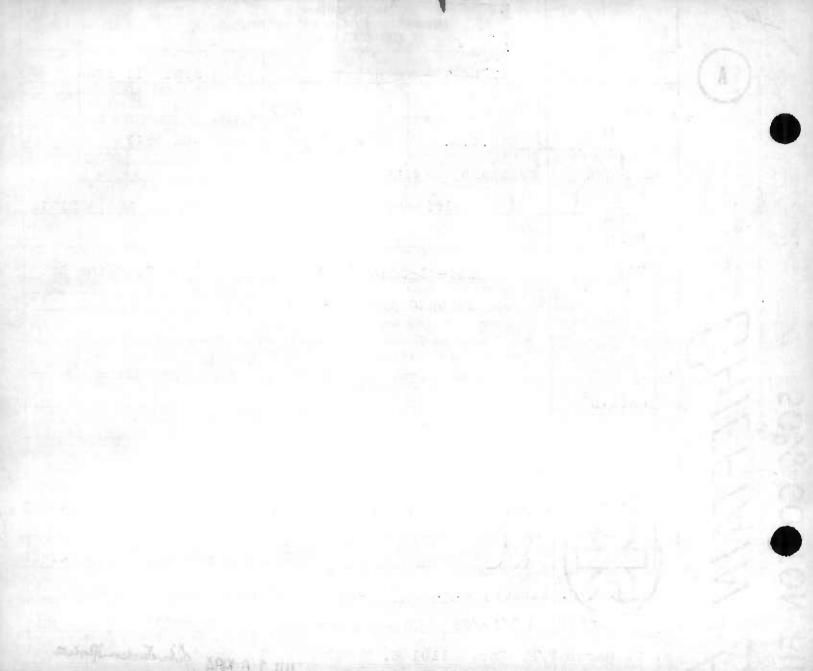
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STATE OF MARYLAND



DHMH - 16 50M 4/83 (VRA 15, 4)

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	1	FOR		DEPART	MENT OF	HEALTH AND	MENTAL HYG	IENE B		8 3	8	7
	1 -	- STATE REGISTRAR			CERTII	ICATE OF I	DEATH	REG.	NO			
		CEASED NAME FIRST		MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	26. HOUR	
	LIVPE	JOHN		LEVIN	M	OORE		JU	LY I	11 1984		M
	3. SE		4. RACE		5. DATE			6 AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	
	. M	MALE	NEGRO		02	01	1905	7	9 YRS	MONTHS DAYS	HOURS	MIN.
7	7a BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER	A A DOIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
1		COUNTRY SC	U.	S.A.	WIDOW		VORCED	BALTIMOR	E CI	ry		MD.
0	10.CI	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INS	TITUTION	12a USUAL OCCUPA		126 KIND OF	F BUSINES:	SOR
	BA	ALTIMORE		ND NURS		HOME		(177E OF WORK FOR MOS	OF WORKING E	II		
Z	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFO		1 13d. INSIDE C	HTV 1 MA HTC2	13e STREET ADDRESS	/ 7IP COD	NC.		
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-	14 FA	ATHER'S NAME				15. MOTHER	S MAIDEN NA	ME				
		Unkn	MIDDLE	LAST		υ	nkn	MIDDLE		LAST		
7		WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORMA	ANT	ADD	RESS			
	(YES, NO OR UNKNOWN) (# YES, GI	VE WAR OR DATES)	247-03	-3924	Vinie	Grave	es 1501	N. Ca	roline	st.	
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1		gove rise to immediate couse (0), stating the)	17-1							-	
3		underlying couse lost.	DUE 10, O	R AS A CONSEO	UENCE OF					1 2 3		
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2	Z											
G	ATI	HASCVD 190 DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		S, WERE FINDIN		
1	IFIC							YES NOT		IFYING CAUSES	OF DEATH	?
0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)		
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	ME	WHILE NOT WHILE	OME ST	REET, FACTORY, OFFICE	EARM, ETC.)	STREE		CITY OR	IOWN	COUNTY	STA	.TE
		220.1 certify that (I) XIX XOX	State would the	ne deceased from	07 JU	JNE	19 84	, 11 JU	LY	1084	that it is	e) lost
		sow the deceased alive o above, (1) (**********************************	11/ JU	LY 19	84	nd that in the		deoth occurred on the	dote and ho			
		226. SIGNATURE	V	Offer death.		DEGREE				22c. DATE	SIGNED	
1			M				ATTENDING PHYSICIAN D	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	11 J	ULY	84
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT			22e. ADDRES						
		ARTHUR M. I	EBSON.	M.D.		3640	FORDS	LANE BA	LTIMO	ORE 212	15	
	23a. l	BURIAL, CREMATION, REMOVA			NAME OF	CEMETERY OR		23d LOCATION				
		Burial	7/16	/84 N	AD VA	terans	Cem	Crowns	svill	COUNTY	MÎ	
	24 F	UNERAL DIRECTOR	1 / 20			oor dill		E REC'D. BY REGISTRA	R 256 REGIS	TRAR'S SIGNATI		
	W.	. C. March F	H, Inc	. 110	1 E.	North		4	Lilia Te	vidson-An	delle	



Lilly & Zeiler, Inc. 19 700 500 Conkling St. 21244

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATUR

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5555 Twin Knolls Rd., Columbia, MD. 21045

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



STATE OF MARYLAND

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6010 REISTERSTOWN RD., BALTO., MD

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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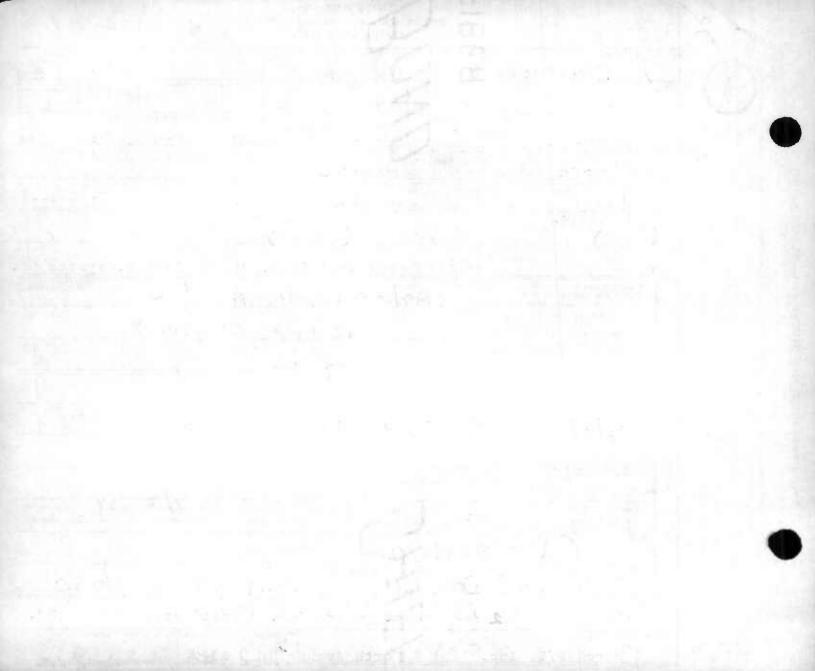
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Baltimore I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ITEM MOST OF WORK ITEM MOST OF WORKING LIFE ITEM MOST OF WORKING LIF		FORFIGN COUNTRY				MARRIED	-
USUAL RESIDENCE (# IN NUMBER MATCHER COUNTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS. MANULand Ne Anundel Glen Burnie 15. MOTHER'S MAIDEN NAME MODEL 1.AST 1.	10 0	CITY OR TOWN OF	DEATH II. N	IF NOT IN SUCH FACILITY, GIVE STREET AD	ORESS]	120 USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	
14. FATHER'S NAME SOURCE	130	STATE	UN COUNTY	R INSTITUTION, GIVE RESIDENCE BEFORE	DMISSION) 13d. INSIDE CITY LIN	HIS? 13e STREET ADDRESS	n Highway 21061
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SEQUENTY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 231-28-6992 Edward Montan 612 Biscay Avenue, APPROXIMA 8ETWEEN ON: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterioscleratic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the underlying couse lost. Cc DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPS YES UNDERLYING OR OR ON TRIBUTING OR OR ON TRIBUTING ON TRIBUTING OR ON TRIBUTING ON TRIBUTING ON TRIBUTING ON TRIBUTING ON TRIBUTING	14.1	EIRST	MIDE H.	ennu Mon	FIRST	MAIDEN NAME MIDDLE	LAST
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21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET CITY OF TOWN COUNTY STREET, FACTORY, FARM, ETC.) 21l. LOCATION STREET CITY OF TOWN COUNTY	CALCER			HOUR A.M. MONTH DAY	YEAR	CURRED CENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
AT WORK	MED	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK			CHYORTOWN	COUNTY STATE
22a I certify that I to our or of the name of the district multipsy . Inspection . Inquiry . ond in my opinion death required from . Sometybourn X . Activate	1	220 I certify death resulted ACTIVAL SEGRATURE	that it charge of the	Way Tur	Homicide Time (SPECII	Undetermined monner Chiefmedical EXAMINER	DATE 7/26/84
[XAMINER'S NAME (TYPE OR PRINT)] Thomas D. Smith, M.D. ADDRESS 111 Penn St. Balto., MD. 738. BURIAL, CREMATION, REMOVAL [236. DATE (TYPE TOWN)] [236. NAME OF CEMETERY OR CREMATORY (CITY OR TOWN)] [236. NAME OF CEMETERY OR CREMATORY (CITY OR TOWN)] [236. NAME OF CEMETERY OR CREMATORY (CITY OR TOWN)]	1	(TYPE OR PRINT)TION		ADDICESS		CO.,MD.



Wm C March F/H, Inc. 1101 E North Avenue

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

Items 18-22a 10/1/84 mtb F#596

20M 4/B2

DECEASED NAME FAST MODEL MAY I E MAY			REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.		
SEX Female SOATE OF BIRTH SOATE			E OR PRINT)	1	1.4				HOUR 7
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16 CITY OR TOWN OF DEATH Baltimore 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimore 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Baltimore 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IPVE OF WORK FOR WORK FO	0		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUR	NTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COL		
136. STATE 138. COUNTY 134. CITY OR TOWN Baltimore 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 4802 Anntana Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 820-05-9887 Mr. Andrew Morrow Sr. Same APPROXIMATE INTERNATION 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 820-05-9887 Mr. Andrew Morrow Sr. Same APPROXIMATE INTERNATION 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 820-05-9887 Mr. Andrew Morrow Sr. Same APPROXIMATE INTERNATION 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mr. Andrew Morrow Sr. Same APPROXIMATE INTERNATION 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mr. Andrew Morrow Sr. Same APPROXIMATE INTERNATION 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY NO. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 168. SOCIAL SECURITY IN U.S. ARMED FORCES 168. SOCIAL SECURITY IN U.S. ARMED FOR U.S. ARMED FORCES 168. IN U.S. ARMED FORCE	2/1	10 C		11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Mercy Hos	URSING HOME		(TYPE OF WORK FOR MOST OF WORK	126 KIND OF BU INDUSTRY	SINE
NICHOLAS NICHOLAS FAULSTICE Margaret Margaret Maddle Braun ADDRESS Mr. Andrew Morrow Sr. Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUJ NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS USED IN CERTIFYING CAUSES OF DEATH 196. DATE OF OPERATION 196. ONOTIFIBITING 197. ANDREW MORROWS I.ASI 198. ACCIDENT WAS UNDERLYING 198. ONOTIFIBITING 198. ONOTIFIBITING CAUSE OF DEATH 198. CONTRIBUTING 198. ONOTIFIBITING 198. ONOTIFIED 198. ONOTIFIBITING 198. ONOTIFIED 19	8	USU 130.	AL RESIDENCE (IF NURSING HOME STATE Md.	OR OTHER INSTITUTION GIVE RESIDENCY 130, CITY OF BAlt	e before admission! R.TOWN IMOTE	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4802 Annta	na Avenue	25
SCAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) Septic Shock	20	14. F/		Faulstic.	h		MIDDLE Br.	aun	
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STATE OF MARTLAND

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	Male	Ori	U	DATE OF BIRTH	5/1677 LAST BIRTH			NDER 24 H	RS. 2c DATE PRONOUNC DEAD	CED	7	17	YEAR 19 84	9:00 a N
70	BIRTHPLACE FOREIGN COUN	(STATE OR			HAT COUNTRY?	8. MARRIE	D NEVER	_		. –	_	TY OF DE		
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	(YES, NO, OR UP		IN U.S. ARME (IF YES, GIVE WA		None				forton,			e as	#13	е
	78		AS CAUSED B	Y: S	efor (a), (b), and (c).) eizure Disc R AS A CONSEQUENCE			-7					roximate en onset	INTERVAL AND DEATH
	gave	rise to e (a) stating cause last.	immediate	DUE TO, OI	r as a consequence	E OF				- 4				
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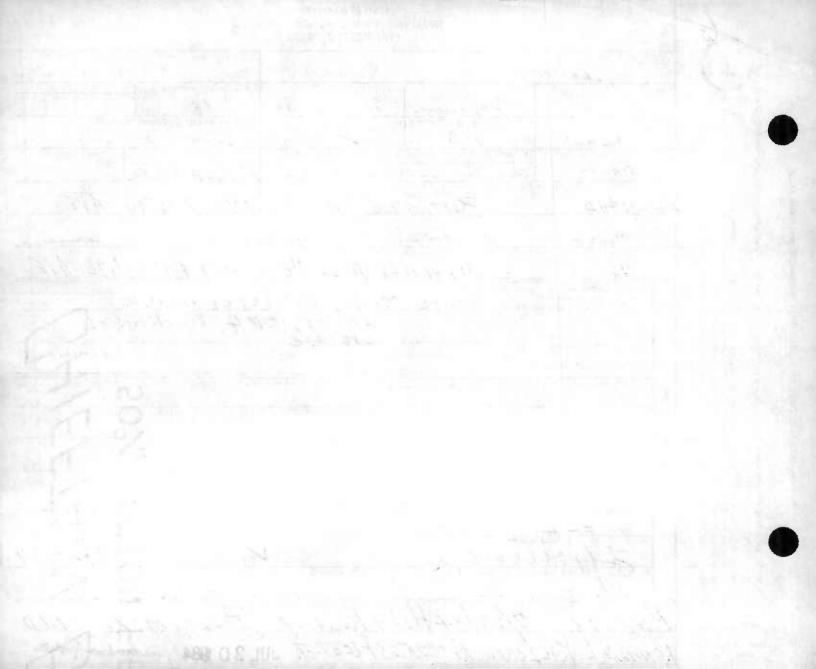
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Faryland Laleimoro is 101 Longwood Rd. 21210-Hilliam Alexander Forton, Jr. Sandra V. Corpensed None Hilliam A. Morton, Jr. - Sandra (13e

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7	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
2 7		OR PRINT)	1 3 01		7 /2	8/84/1/50
noy b	3. SE	105e		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 2 HRS
3 of 6		Male	White No	v. 25, 1908	75 YRS.	MONTHS DAYS HOURS MIN.
Page Phone	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.	HED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
death death		Maryland	WIDON	WED DIVORCED	Baltimore (ity ME
by the fur filled within	10_C	or town of death Baltimore	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Mercy Hospital Ball		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OF INDUSTRY
filled in ould be	USU 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 135 CITY OR TOWN DUTTIONE	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS William St.	Balto.Md.21230
other 2 sh	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	1457
w par oud		Seven	J. Muin	Nora		Barrett
n and co		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO 215-07-0005		E.Muir, Same as	
ficate by obysician papers. naval. ent, the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death en signed by the attend i. Then please remove co or to burial, cremation, or injury, or ather traumal	TION		DUE TO, OR AS A CONSEQUENCE OF (c) CONGESTIVE CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM		IVEN IN PART 1(0)
The law idean. The law idean. The law idean. The law idean.	CERTIFICATION	190 DATE OF OPERATION	. 19b. CONDITION FOR WHICH OPERAT		YES NO NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES NO
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ATTENDING P spital or other CTOR: After tl for use as the of Health and			to hattended the deceased from 1984.	7.3 , 19 8 and that in (my) (our) opinion	death occurred on the date and ha	ur and from the causes stated
the har I DIRE		THE SIGNATORE TOPE OF THE TYPE OF	U. Blee MK	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
TO HOSPITA retained by TO FUNERA should be de with the Stat	22-	Har 1	n. Blaker	Meray	Hospital 1234 DOCATION	Ballo., Ma
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	July 31, 1984 Glen He	ven Mem. Pank	Glen Bunnie A	A Co Manyland
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR CULTY Funeral H	lome, 130 E.FORES Ave. L		G 1 1984	Lavidson-Handell

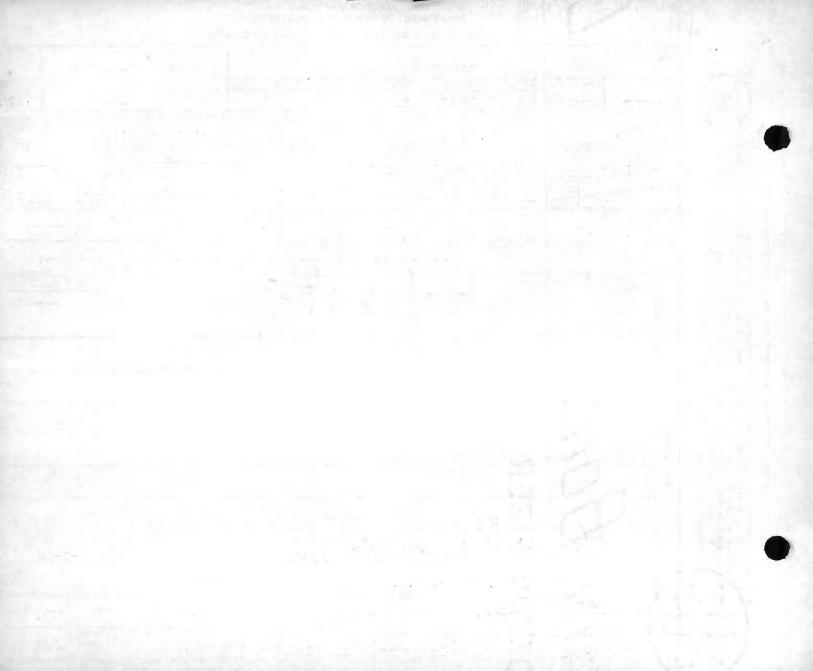
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	1.	COD				
		FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	0 4	1890
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		Ruth	V.	Mullinix	July 13	1984
	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
		Female	White	MONTH DAY YEAR 9 23 07	76	YRS.
)	2	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	Baltimore Baltimore	
	10 0	ITY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION ET ADDRESS. Batto. Md. 2230	12a USUAL OCCUPATION (170) OF WORK FORMOST OF WITH	126. KIND OF BUSINES
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og to		AL RESIDENCE (# NURSING HOME C STATE 136 COL	JNTY 13c CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	IP CODE
50	M	anuland	Baltim	ore YES X NO [t. Balto. ad. 212
e i i	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	IAST
		Joseph	A. Mullini	x Anne		Kane
		WAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT	ADDRESS	
/		YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES) 217-32-	8179 Ruth Youngbe	an —	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:	Brid (C.)		
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er troumotic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (c) DUE TO, OR AS A CONSEQ (c)	u myo ca li	Bent dix.	L e
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2		EXAMINER'S	NAME Der	nnis	F. Smy	th, M.D.		111 Pe	nn Stre	et				
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20M 4/82



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	O
I. DECEASED NAME FIRST (TYPE OR PRINT)	rgaret R.	Murphy	July	17, 1984 26 HOUR
3. SEX Female	4 RACE White	5 DATE OF BIRTH		THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
Scotland	U.S.A.	MARRIED NEVER MARRIEI WIDOWED DIVORCEI	Baltimo	_
Parkville	2617 Moore	AVE		
	NTY 13 TITY C	Itimore 13d INSIDE CITY LIM		re Ave. 21234
Patrick	MIDDLE		beth MIDDLE	McCardle
	IVE WAR OR OATES			
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(b) DUE TO, OR AS A CON	NSEQUENCE OF		
OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	TH DAY YEAR 19 211 LOCATION		
220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (ve) (and) (did no 22b. SIGNATURE	REGISTAR REGISTAR Margaret R. Murphy July 17, 198 AGE (INTRACLASSIANIANING MONITO DAY 11, 198 Female Female Fremale Frema		22c. DATE SIGNED	
Celiar Parra	M.D.	7122 Ha	TORY 234 LOCATION	
Burial 24 FUNERAL DIRECTOR		Holy Redeemer	Table 1 to 1 t	re Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Md.

1 9 1984

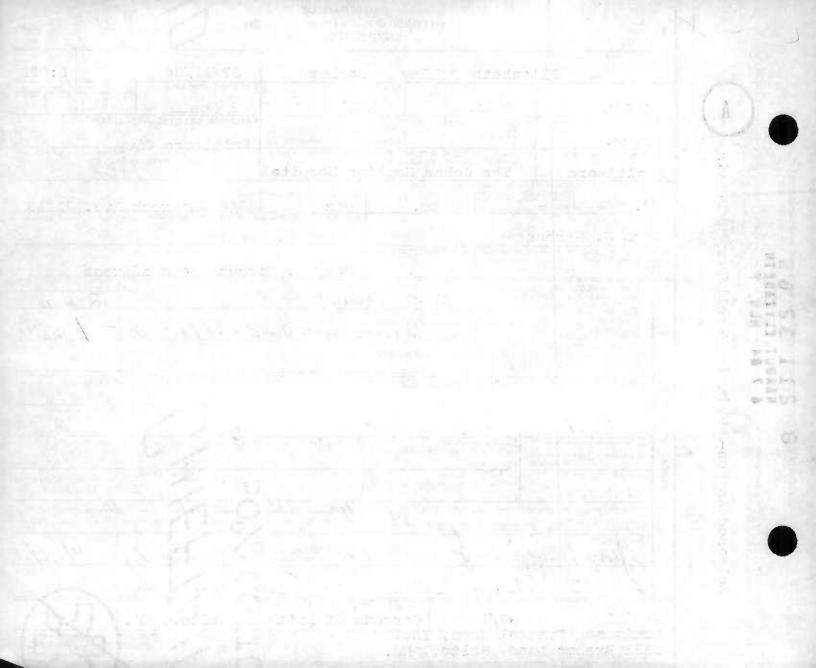
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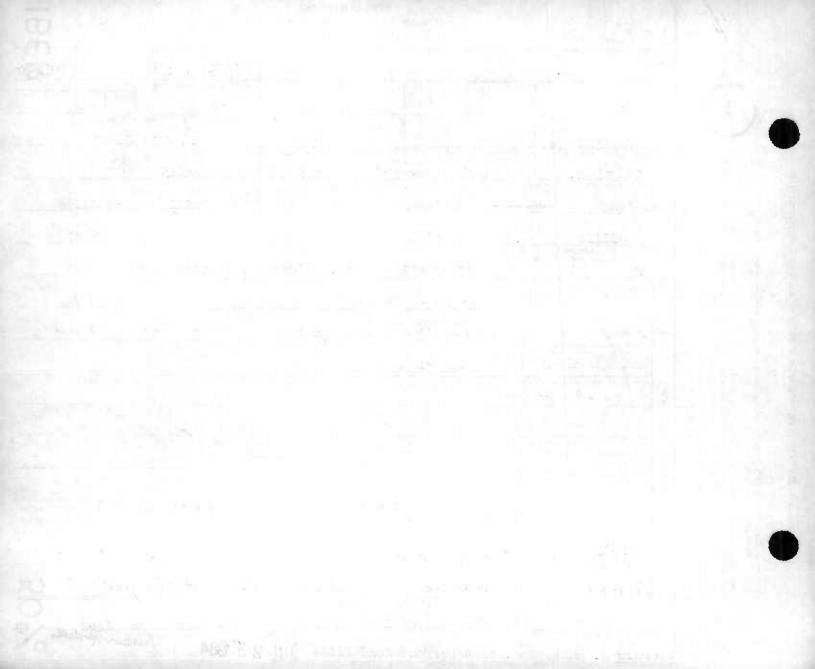
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 28. DATE KNOWN XX MONTH OF ESTI-DEATH MATED Steve Murray 19 84 & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE 11:45 DATE OF BIRTH 2c. DATE PRONOUNCED DAY LAST BIRTHDAY black 17 male 6 61 DEAD 23 YRS 10 84 a. M 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY New Jersey U.S.A. WIDOWED [DIVORCED Baltimore City, ID CITY OF TOWN OF DEATH 1211. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Baltimore 3510 W. Mulberry St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 1005 Vermont Street08330 New Jersey Mayslanching YESX NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Frederick Barbara Murray Money 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Barbara Money 1005 Vermont Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18: CAUSE OF DEATH (Enter Dnly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Gunshot Wound of Head (unspecified) IMMEDIATE CAUSE (D)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stpting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [X] 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY APPLOX. 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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STATE OF MARYLAND





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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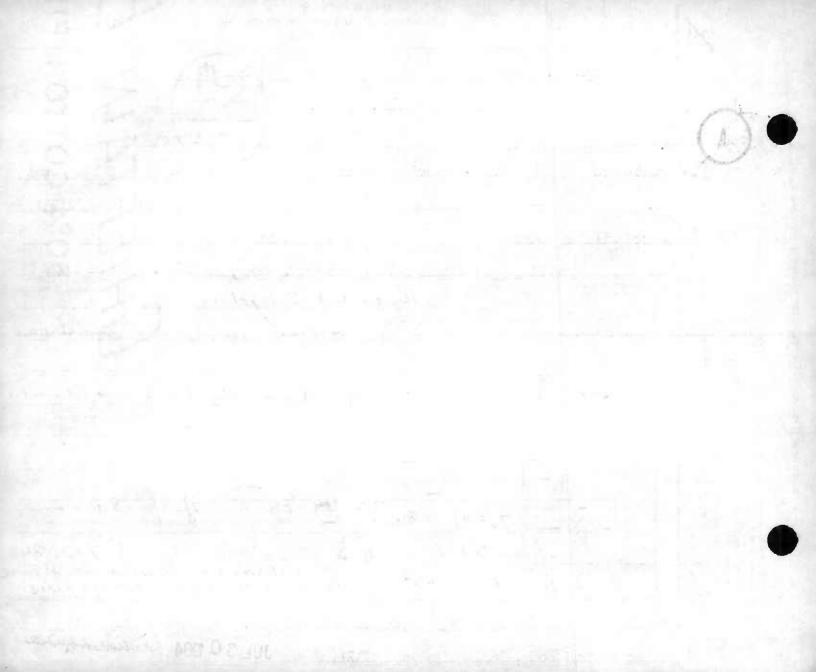
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(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



FOR DEPARTMENT OF HEALTH
STATE
REGISTRAR
CERTIFICAT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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100		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).	ond icu	est	· · · · · · · · · · · · · · · · · · ·			IN)5	DEATH
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		727b. SIGNATURE Keith Kunfu	C		MEDICAL STAF	F IAN	7-1.	SIGNED -84	
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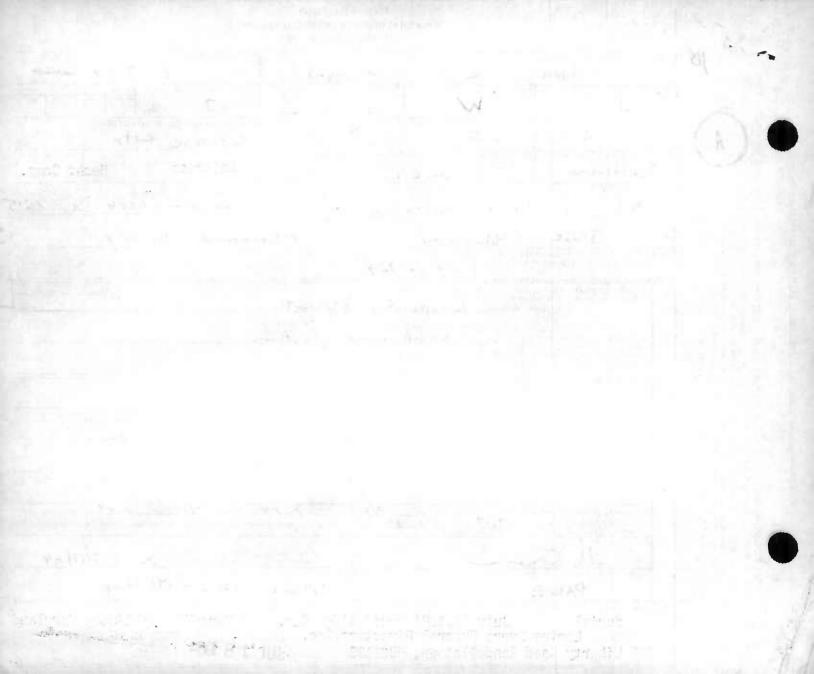
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10 FUNERAL DIRECTOR. After this certificate has been



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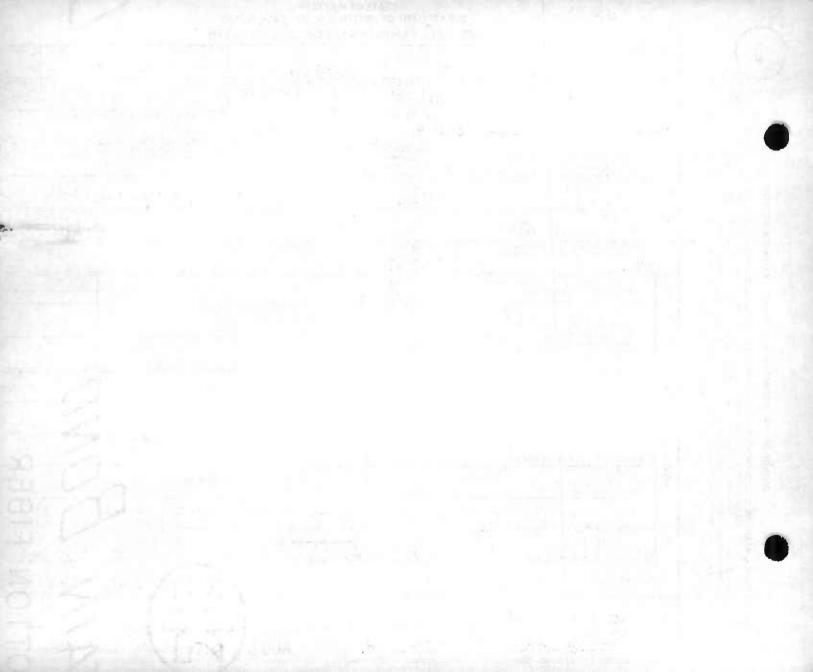
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE

2b. HOUR

IF UNDER TYEAR

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City 126 KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Radio Disptchr

13. STREET ADDRESS / ZIP CODE 1179 Madison

Swafford

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

PROPAGATING TERMINAL MORTIC IN CERTIFYING CAUSES OF DEATH?

STATE

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22c DATE SIGNED

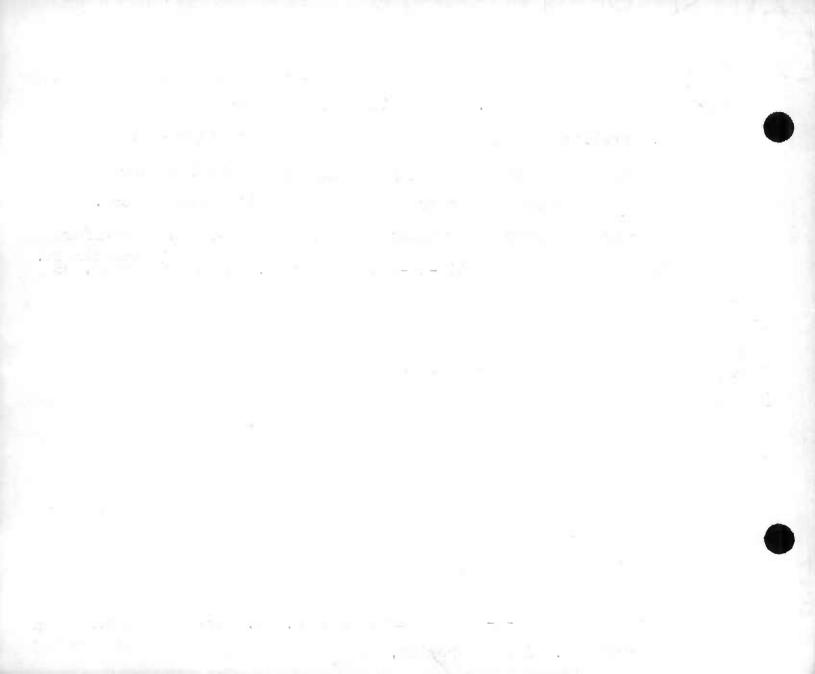
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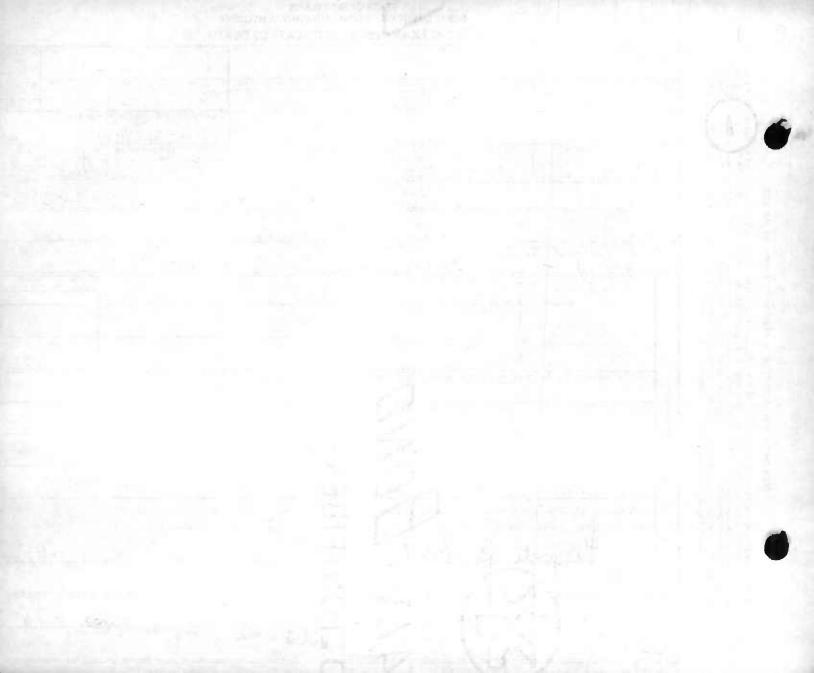
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		AT WORK AT WORK			CΑ			
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: WITH THE S		228 I certify that I took cho	rge of the remains describe	d obove, held an Auto	ppsy XX. Inspection	Inquiry I, ond in	ту ортпол	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BATTIMORE, MARYTAND, 2	23a.8	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY		THE LOCATION	22000	
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STATE OF MARYLAND



STATE OF MARYLAND

Item #16B film #G593

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4805 York Foad Balto, ND 21210

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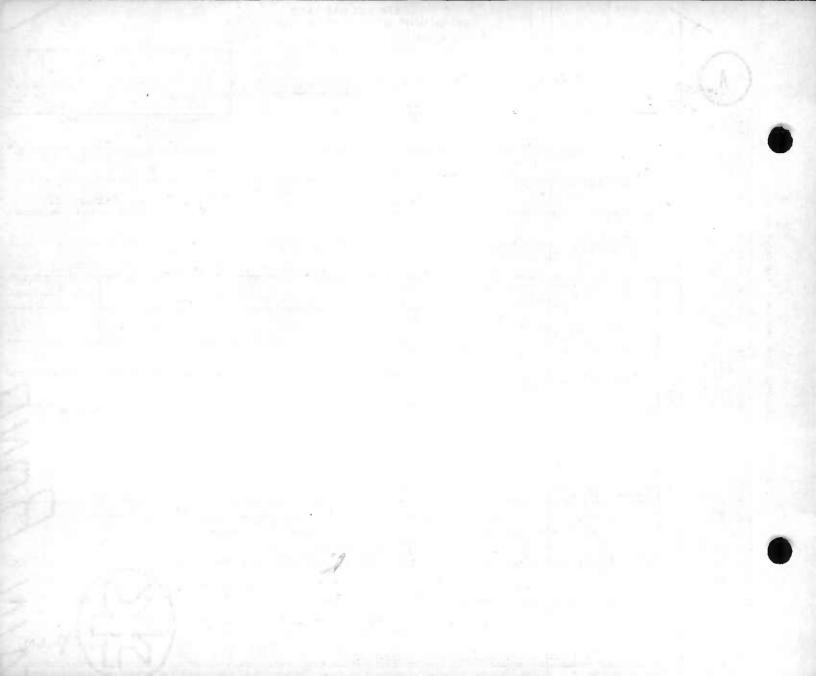
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TO HOSPITAL OR ATTEND estained by the haspital or TO FUNERAL DIRECTOR. should be detached for use with the State Dept. at Heo IMPORTANT. If Hem 21 is in		0	d alive on d) (did not)	Ada	after death 19	MD .or	d that in (my) (our) apinion of the description of	MEDICAL DIRECTOR	D PHYSI	lote and hour		
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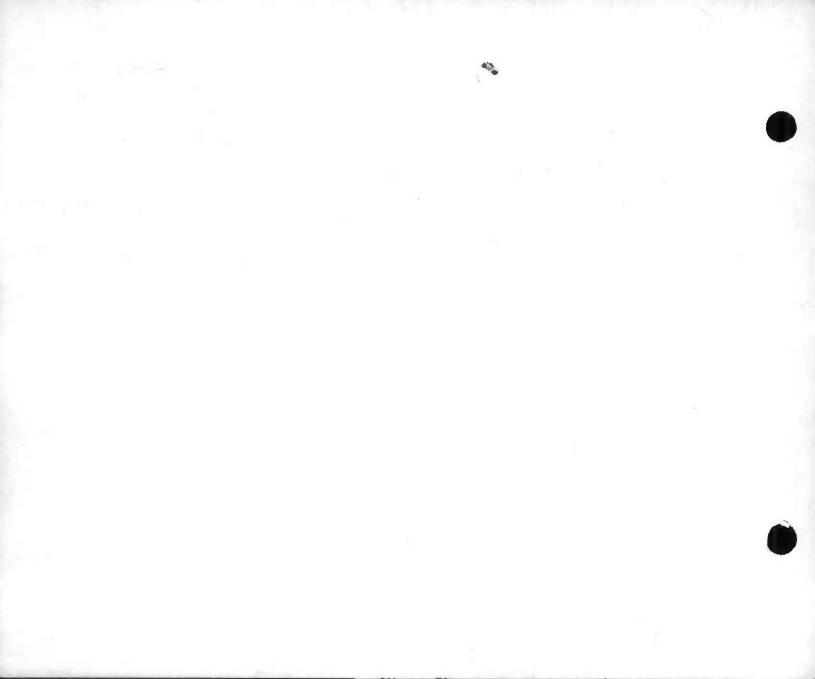


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST RE DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-O'Brien 7-9 19 84 Marian 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 19 84 p. M DEAD remale. White Aug.7, 1899 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED & DIVORCED USA 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Saleslady 303 E. 28th Street Baltimore JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 28 th. Street 21218 1136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES K SHO NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Daniel J. Feehlu Anna Long 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT T. PAGES DIVISION 214-16-3862 A Mrs. Pauline M. Street 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF **IRANSIT** Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO XI BE 21a EXTERNAL CAUSE WAS 216 TIME OF INTURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED TO MEDICAL EXAMINER: ITIS CALL PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK Inquiry X 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 7-10-84 Assistant MEDICAL EXAMINER SIGNED EXAMINER'S NAME 111 Penn Street Dennis F. Smyth, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Burial July 12,1984 Meadowridge Memorial Dorsey Howard Md. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRARY SIGNATURE **DHMH** - 17 Leonard J. Ruck Inc. Baltimore, Maryland (VR A15 ME (5))

20M 4/82

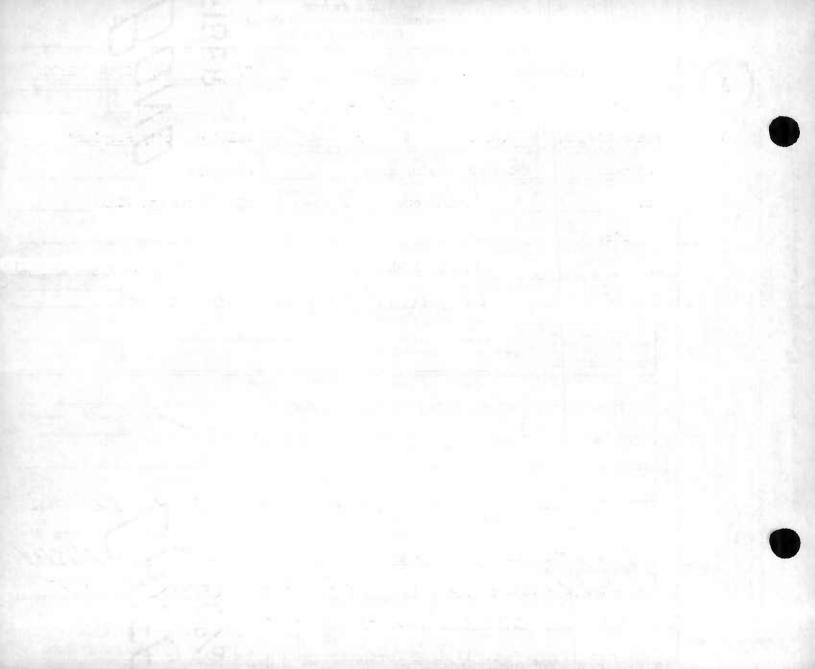


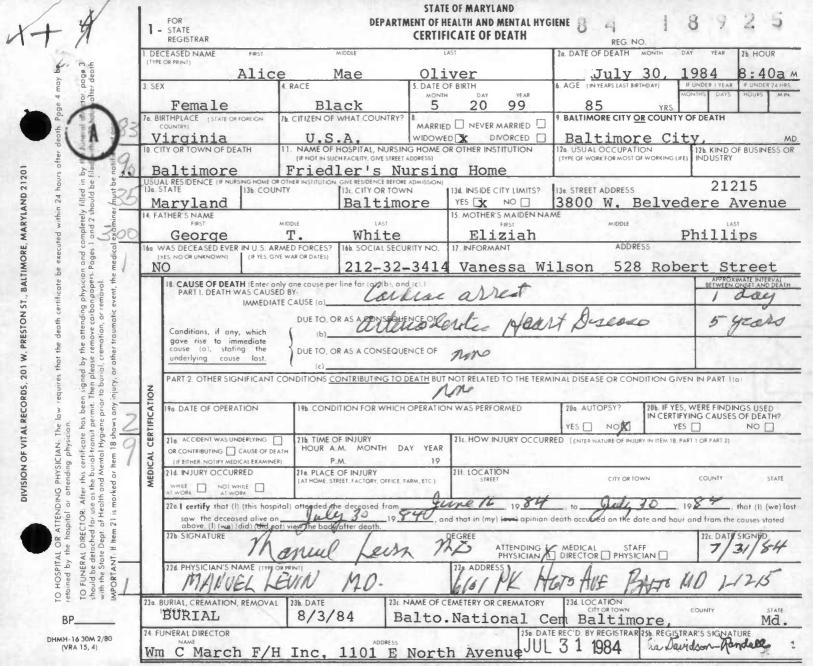


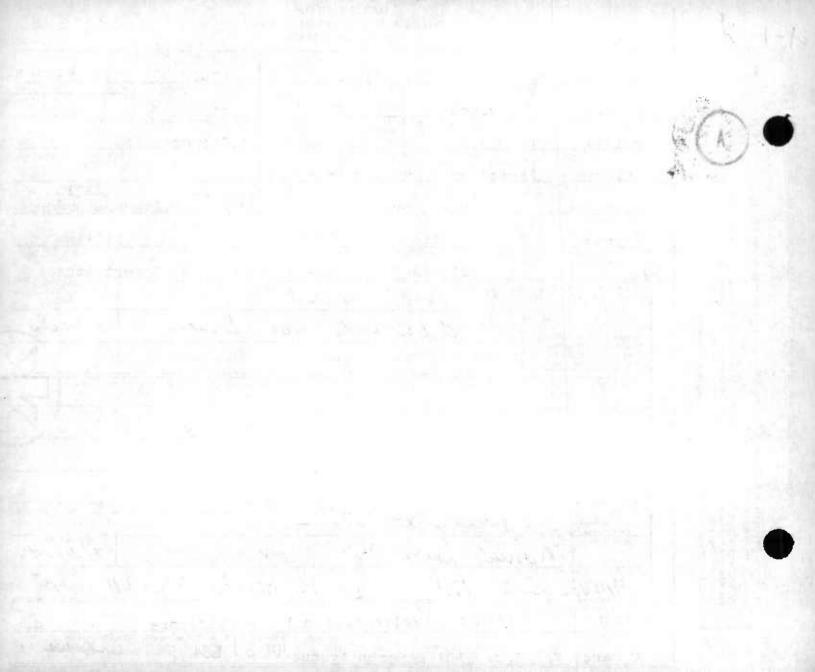
Wm C March F/H, Inc. 1101 E North Avenue (1)

DIVISION OF VIT

(VRA 15, 4)







Dundalk, MD. 21222

Hima Vairy I am

7922 Wise Avenue

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FIG. THE MILE DINKE I THE AND THE PERSON OF A STREET OF STREET OF STREET

DIVISION OF VITAL RECORDS,





- STATE

(TYPE OR PRINT)

13a STATE

14 FATHER'S NAME

1. DECEASED NAME

REGISTRAR

Female

TO BIRTHPLACE (STATE OR FOREIGN

BALTIMORE

Shadrick

(YES, NO, OR UNKNOWN)

10 CITY OR TOWN OF DEATH

Md.

71a ACCIDENT WAS UNDERLYING

22b. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

Burial

NOT WHILE 22a | certify that (1) this haspital saw the deceased plive or above, (1) (well did) (did no

CECELIA

13h COUNTY

MIDDLE

4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b HOUR OSBORNE IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH YF AR Black 900 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED BALTIMORE WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Housewife UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Balto. NO [120h Evans Chapel 15. MOTHER'S MAIDEN NAME LAST MIDDLE Wells FIRST Dorsey Mary ADDRESS Belair, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mrs. Dorothy Pitt 21 Corns Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO.

211 LOCATION

ATTENDING

22d. PHYSICIAN'S NAME (THE OR PRINT DR. ALECIA COOL-FOLE

22e ADDRESS

Asbury UM Ch. Cem.

DEGREE

UNION MEMORIAL HOSPITAL 23d LOCATION

DIRECTOR PHYSICIAN

CITY OR TOWN

MEDICAL

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OR TOWN

230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY (SPECIFY)

24 FUNERAL DIRECTOR McCulloh St. Chatman-Harris FH 1701

216 TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

Churchville Harford Md. 250 DATE REC'D. BY REGISTRAR TILL REGISTRAR'S SIGNATURE was beviden- mondell

opinion death accorded on the date and have and from the causes stated

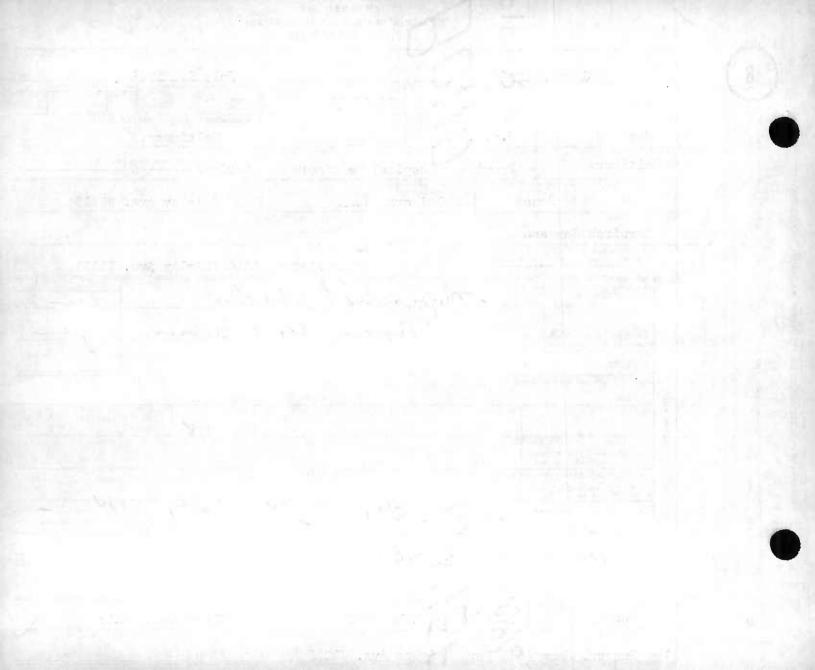
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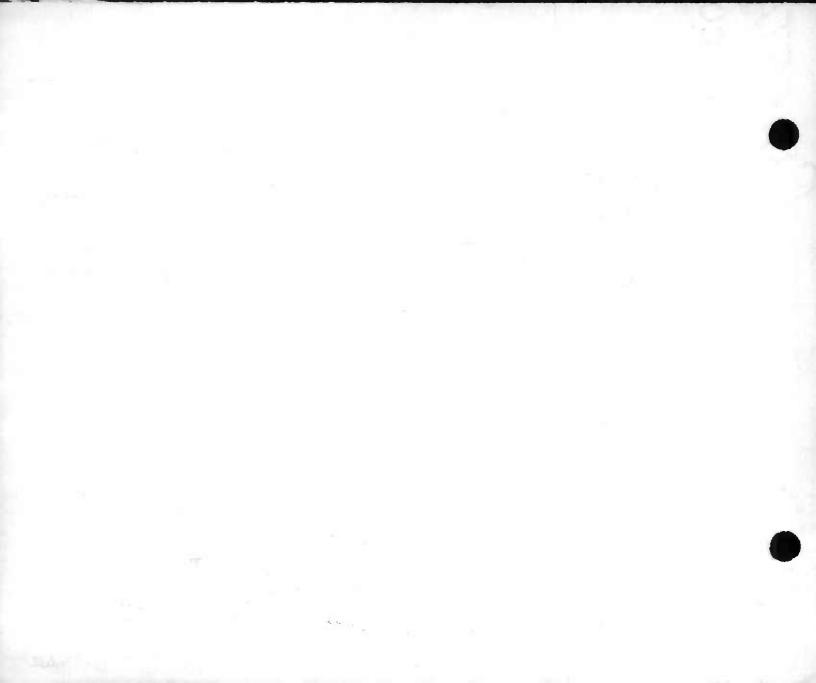
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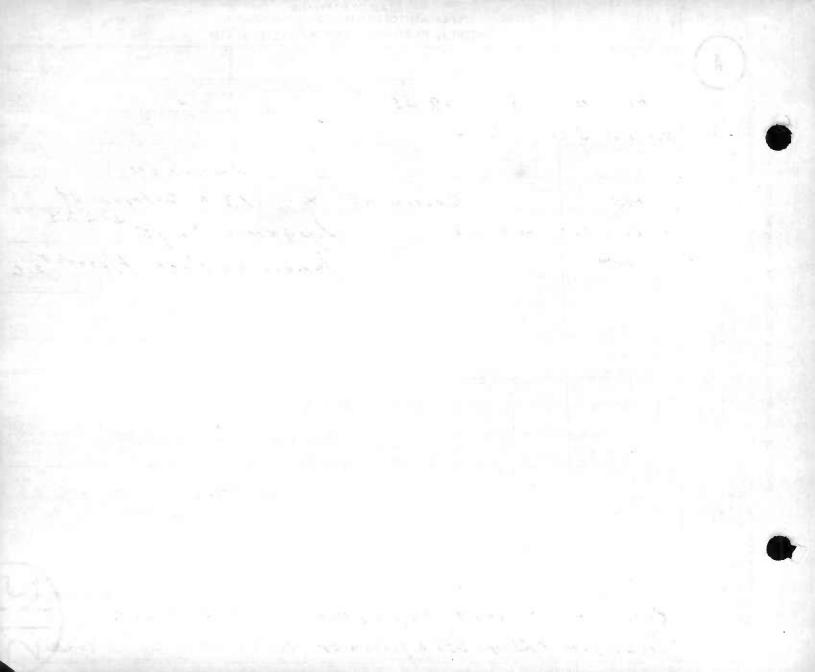




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5. DATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IFICALE OF DEATH	REG. NO.			
PAGE	July 2	DAY YEAR 20 84	26 HOU	R S
OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	241
DAY YEAR 3	70 YRS	MONTHS DATS	HOURS	٨
ED PNEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH		

4 RACE Female

I STATE OR FOREIGN

ATHRYN

White 76. CITIZEN OF WHAT COUNTRY?

PORTER

MARR

Baltimore City

Maryland

WIDOWED DIVORCED [NURSING HOME OR OTHER INSTITUTION

KETIRED Clerk

MIDDLE

12b. KIND OF BUSINESS OR INDUSTRY Balto.Co.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE

7a BIRTHPLACE

STATE REGISTRAR ASED NAME PRINT

allmore

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP,COJ 1236 Lare

4. FATHER'S NAME

Horace

Porter

Bessie 17 INFORMANT

Rossiter ADDRESS

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES!

166. SOCIAL SECURITY NO 212-05-3186

C.H.Page Jr. 1236 Lake Falls Road 21210

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ARDIAC HRREST HR. Myscardial -Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIZED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH P.M.

YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

in (my) (our) opinion death occurred on the date and hour and from the causes stated

NOT WHILE

218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from JULY sow the deceased alive on_ obave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

CERTIFICATION

MEDICAL

80

MPORTAN

Woodlawn

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

COUNTY

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23b. DATE

7-25-84

July

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212

Woodlawn Balto. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OR TOWN

wha Davidson-Acondale

STATE

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

B C

8 9 3

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEAT	Н		REG. NO).				
T		CEASED NAME FIRST	T A	AIDDLE	1	AST		20. DATE OF	DEATH	MON!H	DAY YEA	R 2	h HOU	JR
		Anita	ì.		Pales	e	_	July	7, 19	84	٠		7:4	5P M
-[3. SE)	X .	4 RACE		5 DATE C		re ar	6 AGE (INY	EARS LAST BIRT	HDAY)	MONTHS D	_	F UNDER	24 HRS
ь	1	Female	White		6-2	6-31	EAR	53		YRS				
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARR	IED 🗆	9 BALTIMO	RE CITY O	COUNT	Y OF DEATI	Н		
4		Conn.	U.S.	A.	WIDOWE			Balto	. Cit;	У				MD.
	10 C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	120. USUAL			126 KIN		BUSINE	ESS OR
1	1	Balto.	4319 W:	illshire	Ave.			House		WORKING	(#E) INDUS	IKT		
7	13a S	Md.	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW Balto.		13d INSIDE CITY LI		13e.STREET /	ADDRESS / Wills	zıp cot hire	Ave.	212	206	
5	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAM	ΛE	ANIDDLE			LAST		
1	(Carlo	Da	anelon		Teresa			MODE	L	inda	I A S I		
T	16a W	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT			ADDRE:	SS				
1	j	(IF YE	ES. GIVE WAR OR DATES)	213-28-4	883	Eugene D	. Pa	lese,	Same	as 1	3e			
F		18 CAUSE OF DEATH Ent	er only one couse per	line for (o), (b), on	d (ci.)						BETW	ROXIMA EEN ON	TE INTER	PEATH
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1		underlying couse los	1 (6)	(AS A CONSEQUE	INCE OF									
1		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASI	ORCONE	ITION G	IVEN IN PAR	Tito		
1	CERTIFICATION	ERA	HNIOTOMY	Ses TUM	OR E	BIOPSY								
0	CAT	190 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				D		
٦	TIE	11/1/89_		Brain tomor				YES [NON		res		NO [
٦	CER	210. ACCIDENT WAS UNDERLYIN		FINJURY M. MONTH DA	AV VEAD	21c HOW INJURY	OCCURR	ED (ENTER NA	TURE OF INJUR	Y IN ITEM 18	PART I OR PART	(2)		
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1	MEDICAL	21d INJURY OCCURRED		e PLACE OF INJURY 211 LOCATION				CITY OR TOWN COL			COUNT	,		TATE
1	Σ	WHILE NOT WHILE AT WORK] [AT HOME SER	STREET STREET				CIII OX TOWN						
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		SURIAL, CREMATION, REMO	OVAL 236. DATE	236 1	NAME OF C	EMETERY OR CREM	ATORY	23d LOCA	TION OR TOWN		COUNTY			TAIF
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ſ		JNERAL DIRECTOR		ADDRESS			25a DATE	REC'D. BY R	EGISTRAR	U a	2.00	-	RE	00
-1	L	eonard J. Rue	ck, Inc.,5	305 Harf	ord Ro	1.	JU	JL 9	1984	· · · · · a	Davidse	m-51	CANTON	

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH YEAR 2h HOUR . DECEASED NAME (TYPE OR PRINT) Mr. Martin Luther Palmer July 24 1984 A RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5 DATE OF BIRTH HOUR5 Sectember 4 1903 Male Caucasian 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHFLACE I STATE OR FOREIGN COUNTRY Baltimore City Virginia U.S.A. WIDOWED DIVORCED [125 KIND OF BUSINESS OR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFEL D.C.A. **Baltimore** Lab Tech. Saint Agnes Hospital JOURL ALDIUENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE Tane 13d. INSIDE CITY LIMITS? 21228 Maryland Catonsville Baltimore 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST Chaney J. Palmer Florence Palmer 17 MrsswRuth T. Palmer ADDRESS 165 SOCIAL SECURITY NO. 21228 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I IF YES, GIVE WAR OR DATEST 214-12-0264 711 Maiden Choice Lane Maryland Catonsville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION ONDITION FOR WHICH EPERATION WAS PERFORMED 20g. AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? contic aneur lageneral NON 21g. ACCIDENT WAS UNDERLYING (FNIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN CAT HOME, STREET FACTORY, OFFICE FARM ETC NOT WHILE 220 I certify that (1) (thus has a total attended, the deceased from saw the deceased iller a and that in (my) (A)) apinian death occurred an the date and have and from the causes stated above. (It (w)) Idid (distinct) new the barly after death TR. DATE SIGNED 22h SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSIETAN'S NAME ITHEORIGINA 22e ADDRESS 900 S. CATUN AVE. BALTIMUKE, MD. 21229 THE HURIAL CREMATION, REMOVAL 236 DATE

23r NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Pk

Howard

Elkridge

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE.

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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injury, or other troumotic event.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy should be detached for use as the burial-transit permit. Then please remove configuration be detached for use as the burial-transit permit. Then please remotion, or remainful the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remainful HyPORTANI: If them 21 is marked or tem 18 shows ony injury, or other traumatic means.

eroined by the hospital or attending physician

STATE OF	MARYLA

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

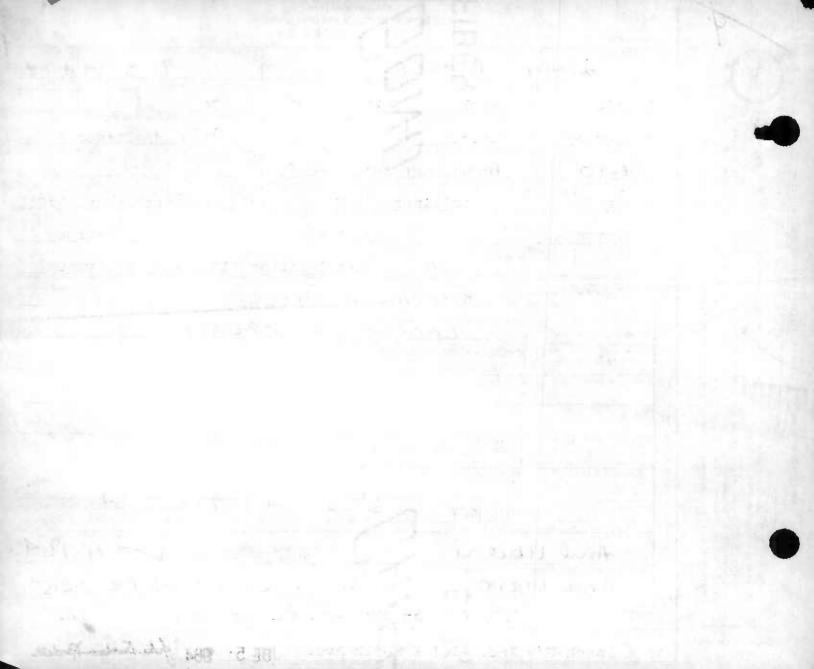
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	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYC	SIENE B	0.	8 7	3 8
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	Female	Bla		MONTH 1		36	YRS.		NOURS MIN.
	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	DENEVER MARRIED	BALTIMORE CITY O	R COUNTY	OF DEATH	
N	ew Jersey	U.S	.A.	WIDOWE		CITY	(Ba	ltimor	re) MD.
10 CIT	RALTO.		HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF			OF BUSINESS OR
USUA	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE		311111			1	
13a. S1			Baltime	N	134 INSIDE CITY LIMITS? YES X NO	618 Parky		Avenue	21218
14. FA1	THER'S NAME				15. MOTHER'S MAIDEN NA				
1	Unknown	MIDDLE	IAST		Thelma	MIDDLE		Geoi	
	'AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
	NO	ive war or pares,	N/A		Errol Park	er 618 Par	rkwyr	th Ave	enue
	18 CAUSE OF DEATH (Enter of	-1		d 1 a . 1					MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	ICTH ENCE OF	2 OF R	SREAST	DITION CIVI	EN INL DART 1	
	PART 2 OTHER SIGNIFICANT	CONDINONS CO	SIAI KIBOTING TO L	DEATH BOT	NOT KEENTED TO THE TERM	MINAL DISEASE OR COIN	JIION GIVE	LIA HA FAKI III	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY? YES NO	IN CERTIFY	, WERE FINDING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHY MEDICAL EXAMIN	HOUR A.	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART I ORPART 2)	
A.	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	ZII LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
36	220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n	n //3	19		nd that in (my) (our) opinion	deoth occurred on the de	ate and hour		that (I) (we) last causes stated
	276. SIGNATURE ACUL.	eber			DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	FF	7/3	SIGNED 4
	226 PHYSICIAN'S NAME (TYPE	ORPRINT)	1	1	2600. LB	BRTY HO	ntops t	TVE. 2	1215
	URIAL, CREMATION, REMOVA	1 236 DATE 7/7/			EMETERY OR CREMATORY 15 Mem. Pk.	Arbutus		COUNTY	Md. STATE
24 FU	NERAL DIRECTOR			TIT		TE REC'D. BY REGISTRAR			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

C March F/H Inc. 1101 North Ave.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	- S	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO THE REGISTRAR REG. NO.									8 9	3 9	
1	I DECEA	ASED NAME	MYRTL	E C	RAA h	PAR	PKER	20.	DATE OF DEA		7 2	- 14	26 HOUR 4: 40 PM
	1.5EX	Femal	le "	RACE Whit	e	S. DATE C		R	GE (IN YEARS)	9		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	7a BIRTH	PLACE (STA	ond 71	CITIZEN OF V	VHAT COUNTRY?	MARRIE WIDOWE	DEVER MARRIED		BAI	Hin	COUNTY	0 -1.	MD.
8	BA	Itimo	re /	Unive	rsity of	MAry /	and Hospital		USUAL OCC	MOST OF			F BUSINESS OR
1	M M	Ð.	NURSING HOME OR O 136 COUNT Hrun		GIVE RESIDENCE BENDRE 13c. CITY OR TOW LINTLI		13d. INSIDE CITY LIMI	3 4	STREET ADDI	RESS /		2.21	090
2	21	Valte	R	DDLE	Stor	neR	Golden	NAME	Kac	DDLE		FRE	e
1		NO OR UNKNOW		ED FORCES? WAR OR DATES]	212-20	-656	17. INFORMANT Um. J	: Pak	ker, J	R.	40,	Mansio	
	18		DEATH (Enter only TH WAS CAUSED IMMEDIATE	CAUSE (o)	AS A CONSEQUE	Tu	noR					approxi BETWEEN	MATE INTERVAL DNSET AND DEATH
	9	Conditions, if gave rise to cause (a), underlying	immediate	(b)	AS A CONSEQUE								
						The st	NOT RELATED TO THE						
2	THE	el19	184	Br	Ain To	1 MC	N WAS PERFORMED	Υ.		000	IN CERTIFY YES		
,	CAL	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH Y MEDICAL EXAMINER)	P.A	M. MONTH DA M.	AY YEAR	21c. HOW INJURY O	CCURRED	ENTER NATURE	OF INSURY	IN ITEM 18 PAI	RT I OR PART ?}	
	-	WHILE NORK	CURRED OT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET		CIT	Y OR TOW	N	COUNTY	STATE
	0	saw the de abave, (I) (we) (did) (did not)	7/77	19_2		nd that in (my) (aur) or	oinion death	to 7	the date	e and hau		that (I) (we) last causes stated
	4	SIGNATUR	4 %	lanes		MC	FIITSICI		EDICAL RECTOR P	STAFF		7/2 L	SIGNED
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	(5.95	BuRIa	ION, REMOVAL	7-31	-84 C	vame of c	EMETERY OR CREMAT	em.		MOR	e	COUNTY	Md.
	Rai	eral directo	d C. F	NK	ADDRESS Gen	Bul	enie, Md. 125	JUL		TRAR 2	1 A. K	ar's signat	andell

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	YPE OR PRINT	WIDDIE		,A51	20 DATE OF DEATH			YEAR	26 HOU	IR
40	Byong Ok	Park			July 1	3 1984			872	A M
3	SEX 4	RACE	S. DATE C		6. AGE (IN YEARS LAST BIR			1 YEAR	IF UNDER	MIN.
1	Female	Korean	Man	h 5 1916 YEAR	68	YRS.	MONTHS	DATS	HOURS	MIN.
70	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEA	TH		
7	Korea	Korea	WIDOWE		Balto. City	7				MD
10	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			IND O	BUSINE	SS OR
2	Baltimore	Sinai Hospital	A A A		Honeraker	WORKING L	INDU	JSIKI		
	STATE "ILL COUNTY			113d. INSIDE CITY LIMITS?	LIL STREET ADDRESS	/ 7ID COD	\r_			
7	Maryland Baltim			YES NO X	13e STREET ADDRESS 9922 STOST	ne Way	7		211	33
14	FATHER'S NAME			15. MOTHER'S MAIDEN NA						
9	Young Sik Kim	DDLE LAST		(unknown)	Chang MIDDLE			LAST		
160	WAS DECEASED EVER IN U.S. ARME		URITY NO.	17 INMINAHwan Par	K ADDRI	SS			211	33
	(YES, NO OR UNKNOWN) (IF YES, GIVE W	220-02-	9661	9922 Shoshon	e Way I	andall	Istown	100	Maryl	and
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) ATHESCLEROTIC DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DIABETES ME	ENCE OF	OVASCULAR DISEASE						
	PART 2 OTHER SIGNIFICANT CO	(8)		NOT BELATED TO THE TERM	INAL DISEASE OF CON	DITION G	VENI INI D	APT 1		
2			DENIII DOT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DINOIVO	ACIA NATI	AKT TIO		
NOLVENCATION	19a DATE OF OPERATION 7/10/84	196. CONDITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE IFYING C			TH?
		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PARTIORP	ART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COU	NTY	S	STATE
	270.1 certify that (1) (this haspital sow the deceased alive an above, (1) (we) (did) (did nat) v			nd that in (my) (our) opinion						
	22h SIGNATURE			DEGREE			22.	DATE	SIGNED	

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 236 DATE 7-20-84

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

STEVEN L. BALLAS

Stin L. Ballis

FOR STATE

REGISTRAR

23c NAME OF CEMETERY OR CREMATORY Wards Chapel Cemetery

140

22e ADDRESS

SINAL HOSPITAL

23d. LOCATION Randallstown

MEDICAL STAFF
DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN

Baltimore Maryland

07/18/84

FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133 24 FUNERAL DIRECTOR

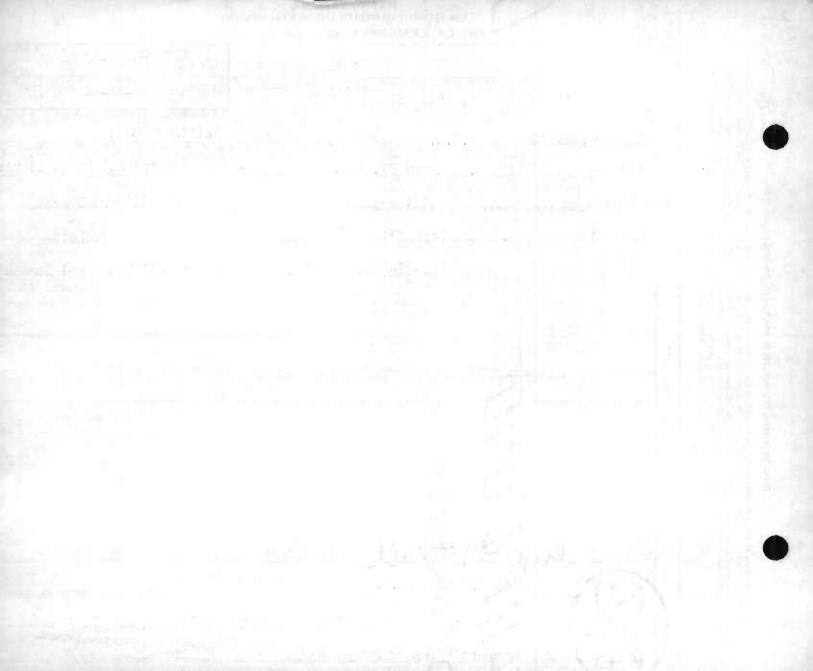
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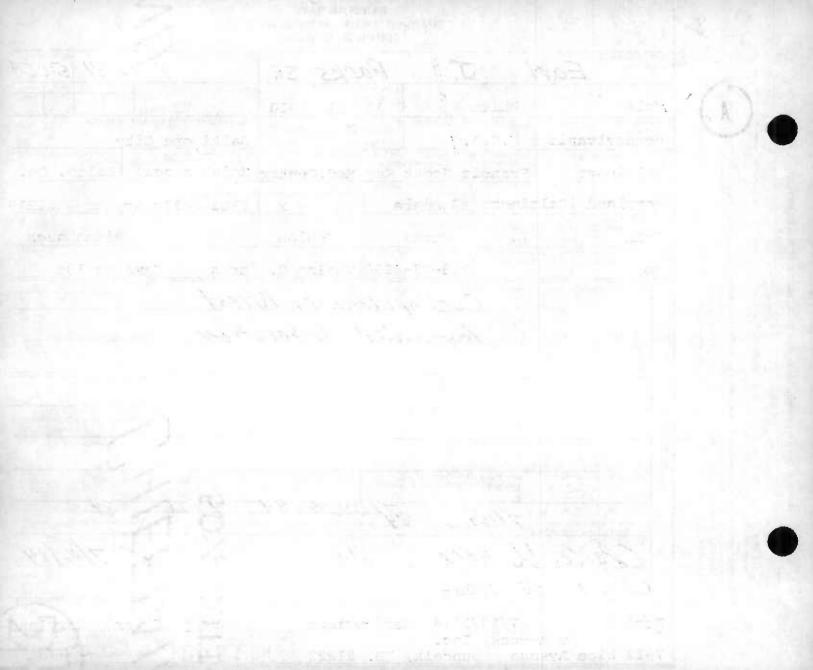
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	1-	FOR STATE REGISTRAR		ME	DEPARTMENT OF HE		L HYGIENE OF DEATH REG.	1 8 9 a	4
4		CEASED NAME E OR PRINT)	JA	NE	MIDDLE	KHILL	2a. DATE KNOWN OF ESTI- DEATH MATED	7-26-84	EAR 26. HOUR
		emale	White	July 4	, 1921 63 YRS.	MONTHS DAYS HOURS	DER 24 HRS. 20 DATE PRONOUNCED DEAD	7-26-84	PM 2d HOUR
7	7a B	REIGN COUNTRY)	rk New Y	76. CITIZEN OF W	VHAT COUNTRY? 8.	MARRIED NEVER MA	RRIED P. BALTIMORE CIT	Y OR COUNTY OF DEAT	H MD
>		Y OR TOWN O	ce	1101 N.	Calvert St.	Apt. 1001	for most of working Life) hief of pe		oustry t Libra
	13a_S M	aryland	IF IN HURSING HOME		Baltimore	13d. INSIDE CITY LIMITS	1101 North	21202 Calvert Str	reet
	14. F.	Freder	rick	M	Parkhill	15. MOTHER'S MA	MIDDLE	LAST Mitche	11
1	16a. \		EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURITY N 216-22-723	O. III. INFORMANI	John Blegen 4	E35	
	NO	gave rise cause (a) lying caus		(c)	R AS A CONSEQUENCE OF	OISEASE OR CONDITION GIVEN IN	N PART 1 (0).		
1	CERTIFICATION	19a DATE OF	OPERATION	19b. COND	ITION FOR WHICH OPERAT	ON WAS PERFORMED?		20 AUTO	
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		220 I certify death resulte	y that I took chord	uparte (Accident Suicid	Hamicide TITLE (SPECIFY) M.DASSISTAN	MEDICAL EXAMINER	and in my opinion DATE 7-27	-84
2	- (PECIFY)	T) Mar	23b. DATE	Korell, M.D. 230. NAME OF CEMET 4. 1984 Gree	ADDRESS	Perin STreet 23d LOCATION CHYORTOWN Atory Baltimore	county e. Maryland	STATE
		rematic UNERAL DIRECT NAME itchell		ADDRES		250. DA	TE REC'D. BY REGISTRAR 236 RI	EGISTRAR'S SIGNAYURE	dell

OF ALABVI





Walters Funeral Home/Pratt & Stricker Streets

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

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FOR

REGISTRAR

- STATE

(VRA 15, 4)

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	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND						- 1	
PARTMENT OF HEALTH AND MENTAL HYGIENE	8	4	i	ਠ	4	63	
CERTIFICATE OF DEATH		REG NO					

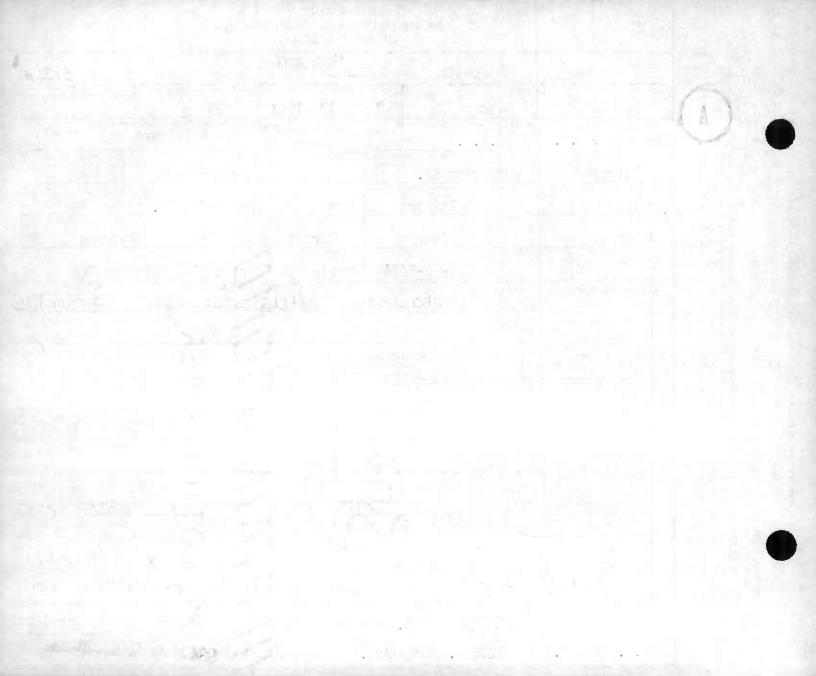
		REGISTRAR			CERTIF	ICATE OF DEATH	REC	NO.				
		CEASED NAME FIR		ouise		Pearson	20 DATE OF DEATH		B B	YEAR 84	26 HOL	GAM
	3 SE	3 SEX 4 RA			5. DATE		6 AGE (IN YEARS LAS	T BIRTHDAY)		ER I YEAR	IF UNDER	
١		Female	Black	Black		17 1953	30	YRS	MONTHS	DAYS	HOURS	MIN.
ð		RTHPLACE (STATE OR FOREIC COUNTRY) ganton, N.C.				D NEVER MARRIED XX	Baltimore CITY OR COUNTY O			OF DEATH MD		
	E	ty or town of death Baltimore	11. NAME OF I	HOSPITAL, NURSING FACILITY, GIVE STREET	IG HOME (OR OTHER INSTITUTION	TIZE USUAL OCCUP (TYPE OF WORK FOR MC Salesper	ST OF WORKING		KIND O DUSTRY	r BUSINI	
2	Mar	ryland	OME OR OTHER INSTITUTION COUNTY	Baltimor	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRE		1	2/3	21:	7
0		THER'S NAME FIRST James	MIDDLE	Avery		Carrie	Mae		Pear	rson	ī	
	()	VAS DECEASED EVER IN U	212-58-5424 Carrie Mae F			Pearson 2113 Westwood Ave						
	_	10		1212-38-3	424	L Ova		MATE INTE				
	Z	PART 1. DEATH WAS CAUSED BY: MANUAL CAUSE DOWN MUTCHSTATE MEDICAL COULCE MONTH										
7	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WER	E FINDIN CAUSES	IGS USE OF DEAT	TH?
7	MEDICAL CERT	21a, ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR			brand	PART 2)	140 [
	ME	WHILE NOT WHILE		REET. FACTORY OFFICE, F	ARM ETC)	STREET	CITYO	RIOWN	cc	UNTY	H	STATE
		220. I certify that (I (this haspital) attended the deceased from 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19									we) ast	
1		22b. SIGNATURE	Kaute	~			MEDICAL S	TAFF SICIAN X	2	7/9	SIGNED 8	1
		228. PHYSICIAN'S NAME RWM	Kantor			220 ADDRESS 225. Grea	ene St-	Bat	tim	Wit	21	105
	23a B	SURIAL, CREMATION, REM	OVAL 236 DATE 7/12/			EMETERY OR CREMATORY	23d LOCATION	more	COUN	ITY N	larv	and

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm.C. Brown F./H/

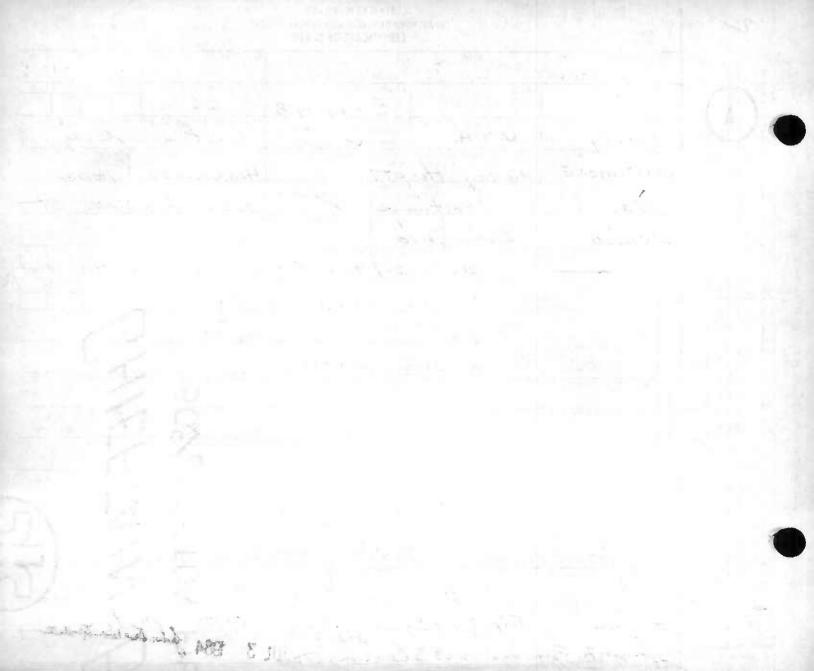
1206 W. North Ave.

JUL 10 1984 Julia Davidson Romesee

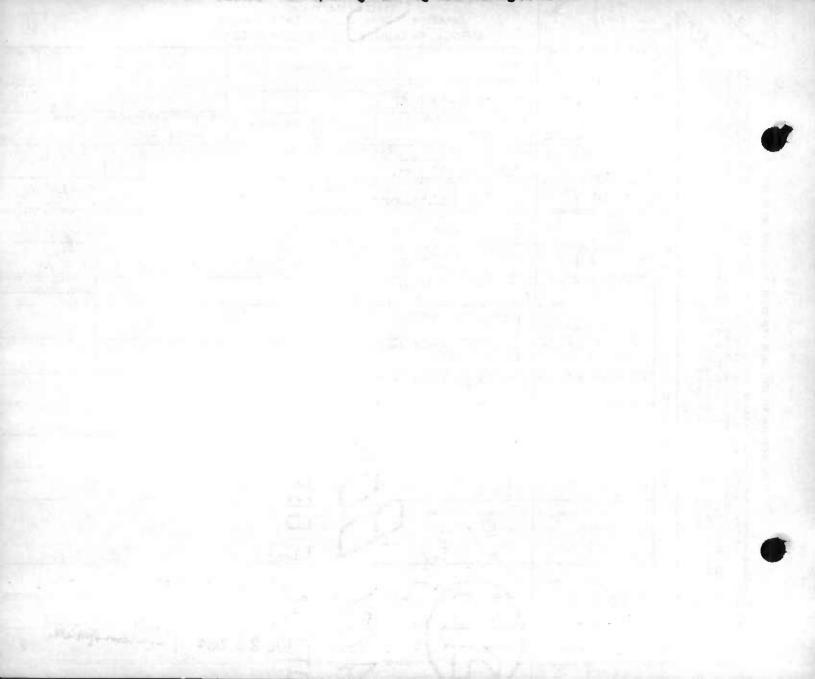


	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	1 8 9 4 6
2 76		CEASED NAME FIRST	MIDDLE	LAST PESON)	REG. NO.	DAY YEAR 26. HOUR 22 84 4:02 PM
A moy	3 SE	O CATH	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Page		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH
s ofter dec	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DONORCED DING HOME OR OTHER INSTITUTION IT ADDRESS) WILLIAM GENERAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
n 24 hour	130	TATE 136 COUR	OTHER INSTITUTION GIVE RESIDENCE BEFORM 136 CITY OR TO BALTIV	WN 13d INSIDE CITY LIMITS? YES NO		DE LAUSN / ZIZZL
ted within 24		RUDULPH	MIDDLE RISK		WIDDIE	TAYLOR
tate be execut ysician and ce apers. Pages wal.		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) { (IF YES, GIV	MED FORCES? (E WAR OR DATES)	0 1	USKey 4122	Dudley Ave
requires that the death certificate signed by the attending physici. Then please remove corbonoppes in to burial, cremation, ar removal, injury, or ather traumatic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) ACCUSE 2 DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	JENCE OF YOUNG CARDINGL		
low in persons becoming the prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED ETIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN: strending phys er this certifica the burial-trai and Mental Hy ked or Hem. 18	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES CONTRIBUTION OF THE CONTRIBUTION	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
DR ATTENDI thospital or DIRECTOR: A ched far use opt. of Heal		220-1 certify that (I) (this hour	dula attended the deceded from 19.	and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to ZZ 84 n death accurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN PT	19, that (It (we) los nour and from the causes stated
TO HOSPITAL Cretained by the TO FUNERAL E should be detail with the State IMPORTANT: #		22d. PHYSICIAN'S NAME (TYPE O	Cree	2001 S. H	annover St	BALT, MD.
BP	E	BURIAL, CREMATION, REMOVAL (SPECIFY)	13h. DATE 236 18/1/26,84	OAK AWN COM	BAITI MORE	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	11	ARTley Miller	FUNCRAL HOME	7527 HARford Rd 250 SC	JL 2 5 1984 Julia	Javidson-Hondell





(1	REGISTRAR DECEASED NAME TYPE OR PRINT)	FIRST	PVIII.	MIDDLE		OPLES	AL OF DE	20. DATE K OF DEATH	REG. NO	MONTH		YEAR 19 84	26. HOUR
¥ 15		egro	5. DATE OF BIRTH	1926 6. AGE (IN YE) LAST BIRTHDA 58 YE	ARS IF UN	DER 1 YR. IF	UNDER 24 HRS			MONTH 7	18	YEAR 19 84	2d HOUR 10:15
T-05/7.4	BIRTHPLACE (STATE) FOREIGN COUNTRY) Orth Caro		76. CITIZEN OF WI		I.	20.00	R MARRIED []		timore	-	TY OF E		MD
ERO 0	Baltimore	е	2000 O	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) Dell Ave.		R INSTITUTIO		R MOST OF WORK	ATION (TYPE	OF WORK	12b. Kit	ND OF BL R INDUST	
13a	JAL RESIDENCE (FIN STATE laryland	13b. COUN		VE RESIDENCE BEFORE ADMISSE 13c. CITY OR TOWN Baltimore	e	13d. INSIDE CITY YES 🔀	LIMITS? 13e ST	REET ADDRES	Dell	Roa	ad Z	2123 Apt.	37 524
300	James		MIDDLE	Jenkins		Eďn		NE A	POLE	7	Whit	řě	
MOVAL 160.	WAS DECEASED EV (YES, NO. OR UNKNOWN) NO	(IF YES, GIVE	AED FORCES? WAR OR DATES)	237-36-6		Ruby		ırn 13	ADDRESS	Kos	ssut	th S	t.
V L W	gave rise												
CREMATION, OF	lying cause to PART 2 OTHER SIGNIFI	ting the <u>under</u> - ast.	(c)CONTRIBUTING TO OFATH	AS A CONSEQUENCE C	AINAL OISEASE								
TIFICATION	lying cause to PART 2 OTHER SIGNIFI	ting the <u>under</u> - ast.	(c)CONTRIBUTING TO OFATH		AINAL OISEASE							UTOPSY:	? NO []
CALCERTIFICATION	lying cause to PART 2 OTHER SIGNIFI	ERATION AUSE WAS CAUSE OF E CAUSE OF E	19b CONDITION OF A THE OF HOUR A.M. DEATH	BUT NOT RELATED TO THE TERM FION FOR WHICH OPER FINJURY MONTH DAY YEAR 19	AINAL OISEASE RATION WA	AS PERFORME		R NATURE OF INJU	JRY IN ITEM 18 P/	ART I OR P	,		
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFI 190 DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF E	19b CONDITION OF ATT OF A THE CONDITION OF A THE CO	BUT NOT RELATED TO THE TERM FION FOR WHICH OPER FINJURY MONTH DAY YEAR 19	RATION WAR	AS PERFORME	D?	R NATURE OF INJU			,		
TH, WITH THE STATE DEPARTMENT OF HEALTH AND MEN EE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OF MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFI 190 DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING 210 INJURY OCC WHILE AT WORK	ERATION AUSE WAS CAUSE OF EURRED OT WHILE I WORK and I tack charge	21b TIME OF HOUR A.M. P.M. 21e PLACE C. STREET, FACT	FINJURY MONTH DAY YEAR TORY, FARM, ETC.)	ANAL DISEASE RATION W 216. HO 211. LOC 51 Autaps	AS PERFORME WINJURY OF	CCURRED (ENTER	CITY OR TOW Inquiry	nner ,		DUNTY		NO STATE
TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - IRANSII THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA BALTIMORE, MARYLAND MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFI 190 DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING 210 INJURY OCC WHILE AT WORK 220 I certify th death resulted for	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF E URRED T WORK Notur	21b TIME OF HOUR A.M. 21e PLACE C. 31REET, FACT. 21c and the remains des al causes X.	FINJURY MONTH DAY YEAR TORY, FARM, ETC.)	AINAL DISEASE RATION W. 21c. HO 21l. LOG 51 Autaps Autaps M.	AS PERFORME WINJURY OF ATION REET Hamicide TITLE (SPEC	CCURRED (ENTER	Inquiry letermined man	nner ,	DATE SIGN	DUNIY pinian	YES 😡	state



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MPORTANT

7922 Wise Avenue

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

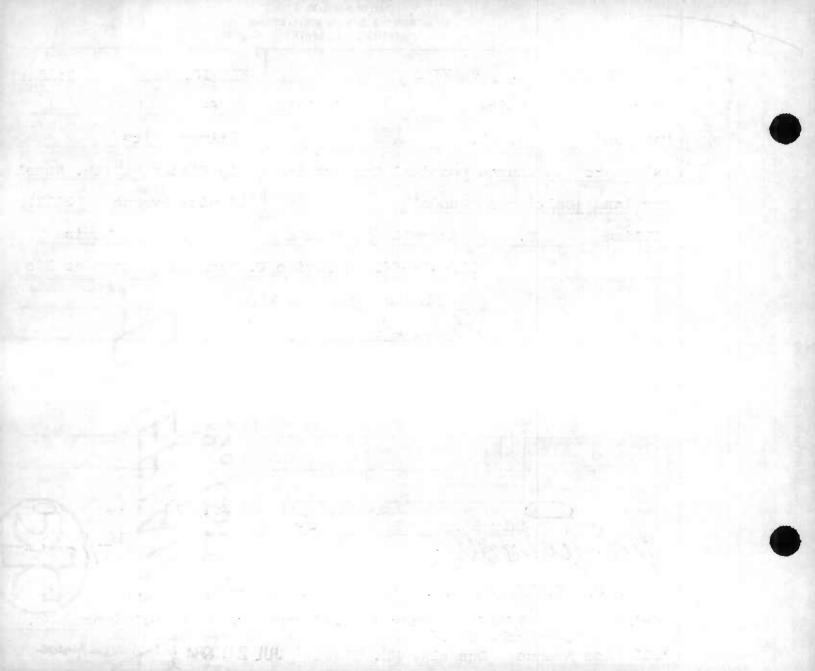
REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH ANDDI S MONTH 7b HOUR PERKINS JULY 18 1984 9:25 AM AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH DAYS HOURS 24 1915 69 YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore City WIDOWED 17% KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Ship Fitter Beth. Steel 13e STREET ADDRESS / ZIP CODE 824 Wise Avenue **LI3d INSIDE CITY LIMITS?** 21222 NO X IS MOTHER'S MAIDEN NAME WIDDIE Lewis M. Russell Blanche 166 SOCIAL SECURITY NO. 17 INFORMANT 215-05-5561 Katherine V. Perkins Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MALIGNANT MELANOMA WITH METASTASIS 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR 10 21f LOCATION CITY OR TOWN COUNTY STATE July 12 84 , and that in (my) (our) pinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

DECEASED NAME TYPE OR PRINTS CLIFTON E. 3. SEX 4 RACE White Male BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? Maryland U.S.A. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LCITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Hospital Corporation Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
137. CITY OR TOWN
Baltimore Dundalk 4 FATHER'S NAME MIDDLE William E. In WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 718 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOI WHILE AL WORK 220.1 certify that (I) (this hour tal attended the deceased from 224 PHYSICIAN'S WAME COMPONENTS 22e ADDRESS CHURCH HOSPITAL W. IMPAGLIATELLI. M.D. BROADWAY, BALTO... MD 21231 100 N. 23d. LOCATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial Dundalk Baltimore 7/21/84 Sacred Ht.Of Mary 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Davidson-Randall

Dundalk, MD. 21222



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.					
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	V YEAR	2b. HOUR		
(Tire	Virgi	inia	PERKINS			Julu 10. 1984				
3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	UNDER I YEAR	IF UNDER 24 HRS		
	Female	Black	12	3 1897	86	YRS.	MONTHS DATS	HOURS MIN.		
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY USA	Y? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City			MI		
10. CITY OR TOWN OF DEATH 11. **Baltimore**		Maryland Gen	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS) Maryland General Hospital			176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE				
	AL RESIDENCE (# NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFF JINTY 13E. CITY OR TO Balt	ORE ADMISSION) ON	136 INSIDE CITY LIMITS? YES MO	13. SIREET ADDRESS 1707 Dru	zip cope	ll Av	e.		
	ther's NAME	MIDDLE Buff	alo	15. MOTHER'S MAIDEN NAM	WE		Buff	alo		
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEGUE WAR OR DATES) 217-07.		June Buffa.	ADDRI 10 1707 D		Hill	Ave.		
	PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), oseD BY: ATE CAUSE (a) Inferio		cardial Infar	ction		APPROX BETWEEN	ONSET AND DEATH		
	Canditions, if any, which	DUE TO, OR AS A CONSEC		hocytic leuke	mia					
	gave rise to immediate cause (a), stating the underlying cause last	Due to, or as a consequence (c) Cacheri		econdary to b.						
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F									
CERTIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	20g AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOW YES N					
A L	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH	DAY YEAR	21E. HOW INJURY OCCURR						
SC.	214 INTURY OCCUPPED	21a DI ACE OF INJUDY		211 LOCATION						

NOT WHILE

FOR

July 10

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

84

STREET July 10

84 July and that in (1987) (aur) opinion death occurred on the date and havr and from the causes stated

Md.

saw the deceased alive an July 10 above, 10 (we) (did) MKM) view the bady after death

22a.1 certify that the (this haspital) attended the deceased from

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED 7/11/84

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Gary W. Marritts, M.D.

22e. ADDRESS

c/o Maryland General Hospital

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 7/13/84 23t, NAME OF CEMETERY OR CREMATORY Mt.Auburn Cemeter 23d LOCATION Baltimore

COUNTY

24 FUNERAL DIRECTOR

ME

Chatman-Harris Funeral Home 1701

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is

should be detached with the State Dept.

FUNERAL

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

FOR

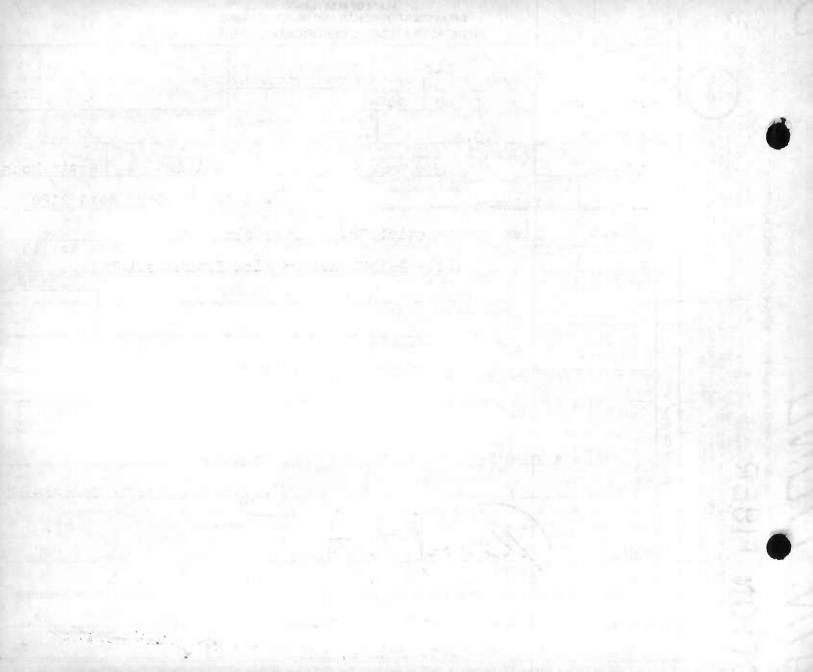
REGISTRAR

- STATE

(VRA 15, 4)

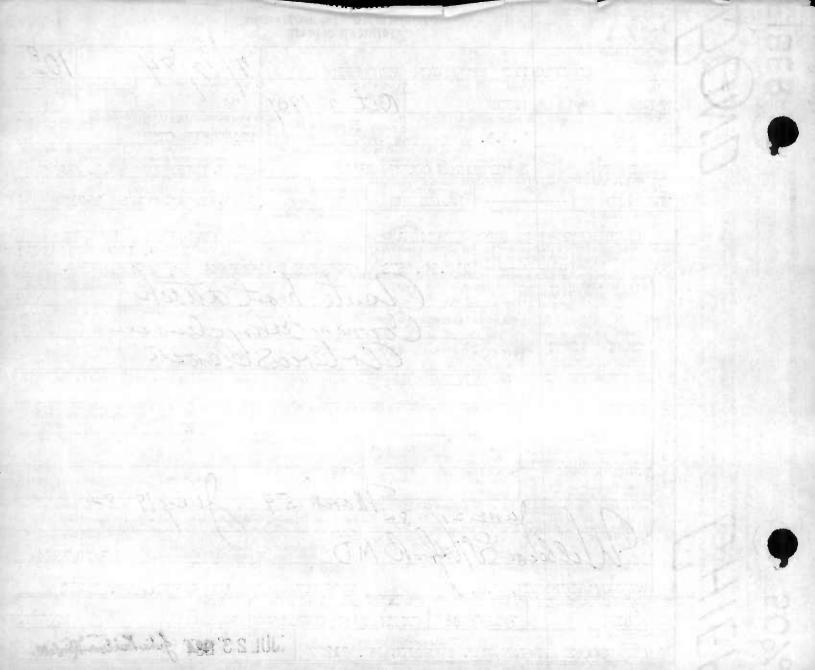
7 21 04 6:452 Catalian Garage and ASE NO THE CONTRACTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X 76 HOUR (TYPE OR PRINT) OF ESTI-Kirk Robert Pfannenstiel 2119 84 4. RACE DATE OF BIRTH 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 2:35A 4 60 DEAD 21 19 84 Male Cau. 24 YRS BIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, Maryland WIDOWED DIVORCED IN CITY OF TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Machinist University Hospital Westinghous Baltimore USUAL RESIDENCE (IF IN NURSING IN OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13, CITY OR TOWN 1410 Langford Road 21207 Raltimore NO X O CONTAL 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE EIRST Pfannenstiel Robert Patricia Habert B. GIVE PAGES WITH FORM I T. PAGES 1 AN DIVISION OF Same As 214-84-5370 No Robert Kirk Pfannenstiel Sr. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Traumatic injuries with complications IMMEDIATE CAUSE (o)-DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: THIS CENTED THE WORKER FOR FREE FORWARDED TO THE CHIEF ME CTOR. PAGE 3 SHOULD BE USED A CTOR. PAGE 3 SHOULD BE USED A CTOR. STATE DEPARTMENT OF HEA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 1:54xx 4 1984 Pedestrian struck by auto 21e PLACE OF INJURY (ATHOME 21L LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARXIDAND, 21201 PI AT WORK AT WORK STREET, FACTORY, FARM, ETC.) street Balto. Nat'l. Pike nr. Geipe Rd, Balto.Co.,MD. 220. I certify that I took charge alone remains described above, beld an Autopsy ond in my opinion Undetermined monner puty Chiefredical EXAMINER 7/21/84 SIGNATURE Thomas D. Smith, M.D. 111 Penn St. Balto.,MD. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore Buria] Western Cemetery Md 756 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** JUL 44 Mac Nabb Funeral Home Catonsville. (VR A15 ME (5)) 20M 4/82



11	U	STATE OF MARYLAND	
根	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 9 5 5
M	L	REGISTRAR Frank Joseph Pfeiffer CERTIFICATE OF DEATH REG. NO.	
m - 1		ECEASED NAME PIRST MIDDLE CORPRINT)	AONTH DAY YEAR 26 HOUR
deode		Frank Joseph Pfeifter	7/29/84/1188/2
	3. S	EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1		Male Caucasian May 24, 1918 66	YRS.
15	2 16	BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR	COUNTY OF DEATH
1	V	Maryland USA WIDOWED DIVORCED X Baltimor	e City MD
27	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	
24/	1	Baltimore Francis Scott Key Medical Cnt. Clerk	Railroad
201	130	UAL RESIDENCE (IF NURSING TO THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 INSIDE CITY LIMITS? 138 STREET ADDRESS	
2	N	Taryland Baltimore Sparrows Pt ves Now 16 Thomas	Lane 21219
1	7/19	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	1241
/sz	a	A. John Pfeiffer Mary	Robl
dicol	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRES	5 6253 Hanover Re
me	4	YES. NOORUNKNOWN) IF YES GIVE WAR OR DATES) 220-07-2713 Mr. A. John Pfeiffer	Hanover, Md 210'
THE STATE OF		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COVOLOPOLINOMO AVVEST	
or re			
troumatic		Conditions, if any, which	
er tre		gave rise to immediate cause (a), stating the DIJETO ORAS A CONSEQUENCE OF	
of, crem	-	underlying cause last. DUE TO, OR AS A CONSEQUENCE OF TO TOWN TOWN BUT	
ry, o		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)
1 in 10	0	Cordingenic Shock, myocardie in Paretim	
ws ony	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
0 0 /		YE NO	YES NO
Hygi 18 sh	7 8	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
Mentol or Heen	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
	ED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	N COUNTY STATE
morked	2	WHILE NOT WHILE AT WORK	61.
eof?		220.1 certify that (1) (this haspital) attended the deceased from 120.1 (2) 190, 10	, 19 , that (I) we) last
21 i		sow the deceased alive an 19 , and that riv (my) our) apinion death accurred on the date above, (1) (mg) (did) (did not) view the body after death.	e and hour and from the causes stated
ept.		1/10. SIGNATURE	224. DATE SIGNED
T: If i		ATTENDING MEDICAL STAFF	72984
with the State	7	27d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
POR H		Rudolph B. Merick carey franciscott Kos r	nedical Conton
3 3	23a	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
		Cremation 7/30/84 Security Process Catonsvil	TO ROLL MA
		FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25	
M 4/82		MANE	cha Davidson Randon
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME FIRST O. DATE KNOWN IX 76 HOUR (TYPE OR PRINT) ESTI-1984 Phillips DEATH MATED Betty J. 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR MONTH DATE OF BIRTH IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 1.84 Female Black 3 27 55 29 DEAD a. TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Baltimore City, Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 USUAL OCCUPATION LEYPE OF WORK 1126, KIND OF BUSINESS Baltimore 3919 Park View Avenue, Apt. 13 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Baltimore Maryland 3919 Parkview Avenue21207 YES X NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Robert J. Ruby Harris Kendrick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES NO OF UNKNOWN) ParkviewAv NO Douglas A. Phillips 3919 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Shotgun Wound of Head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURI XXON 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY 7-2 subject shot herself CONTRIBUTING CAUSE OF DEATH 11:30xx 19 84 TIE PLACE OF INJURY (ATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 WHILE AT WORK AT WORK 3919 Park View Ave., Apt. 13, Balto., Home TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STAMEN DEATH MORE, MARYLAND, 2 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion vicide X Undetermined manner Natural causes Homicide TITLE (SPECIFY) 7-2-84 ssistant EXAMINER'S NAME F. Smyth, M.D. 111 Penn Street Dennis 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 7/10/84 Garrison Forest Owings Mills Md. BP. 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Wm C March F/H Inc. 1101 E North Ave 20M 4/82

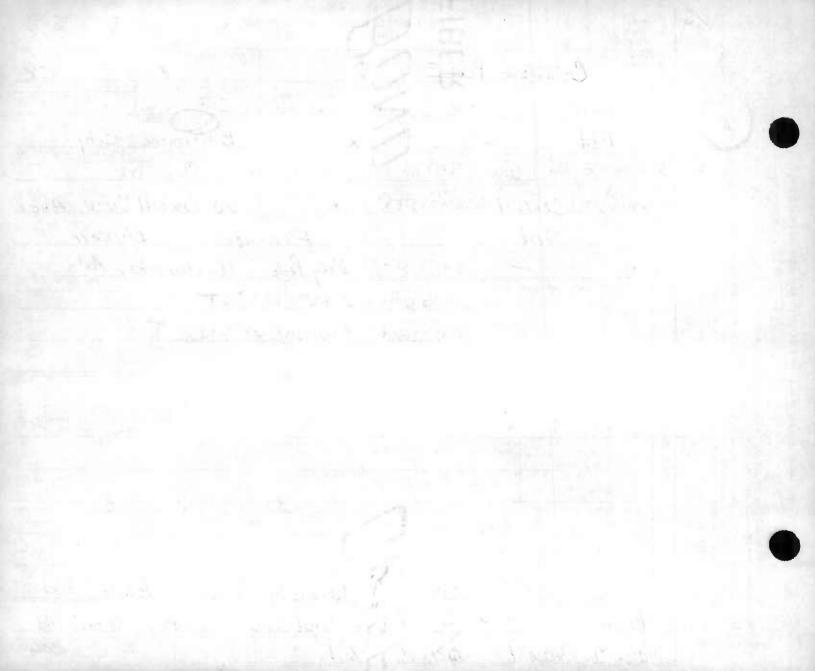
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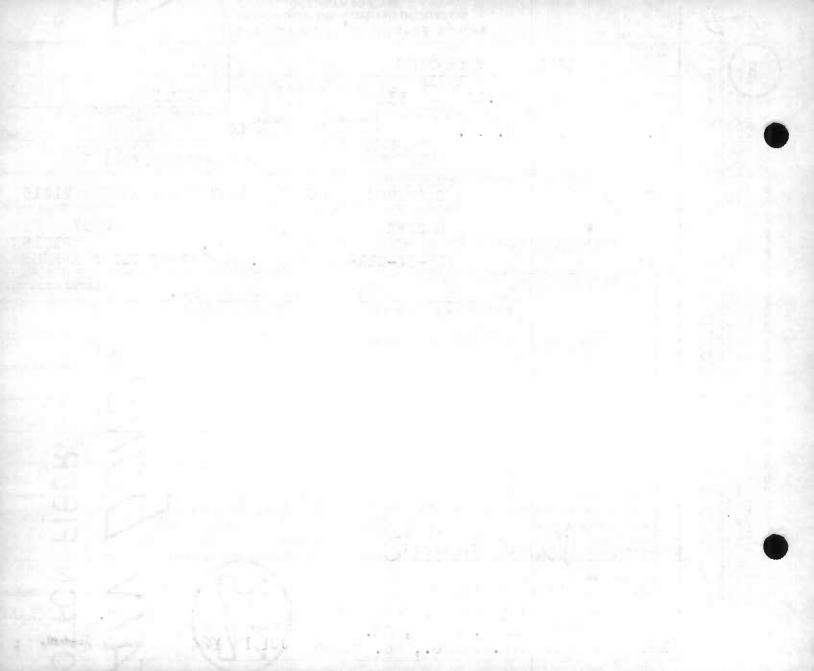
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G PH orth	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OF	FFICE, FARM, ETC.)	211 LOCATIO STREET	N	City OR	rown	COUNTY	STATE
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DHMH - 16 50M 4/83	24_F	UNERAL DIRECTOR	KS BRA					25a DATE	REC'D. BY REGISTRA	R 256 REGISTRA		IRE





6010 REISTERSTOWN RD. BALTO., MD

- STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

CERTIFICATE OF DEATH

21215

2h HOUR

STATE

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7-26-84

John C. Miller Inc. 6415 Belair Rd.

-FOR

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

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Retired

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

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IF UNDER 1 YEAR

YES [

COUNTY

Julia Davidson Taxilal

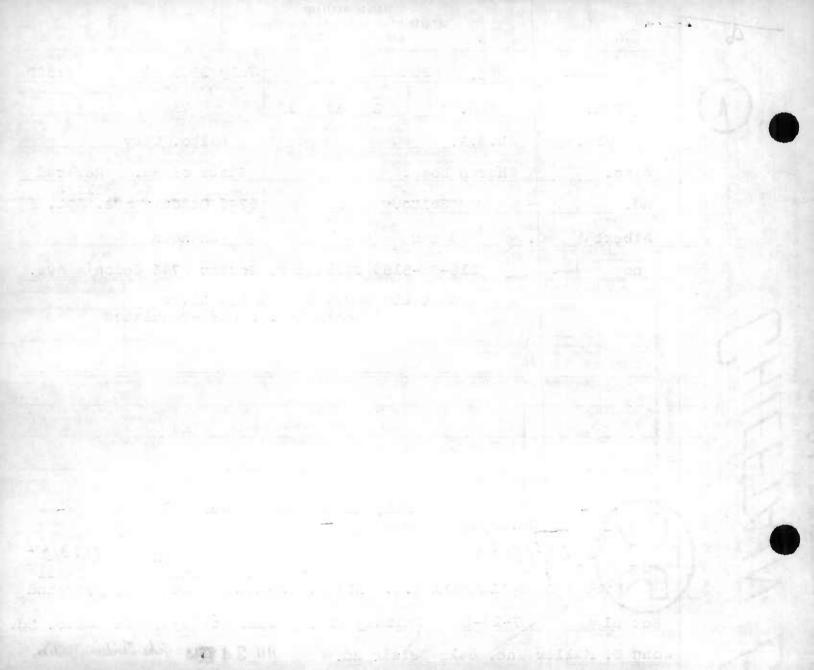
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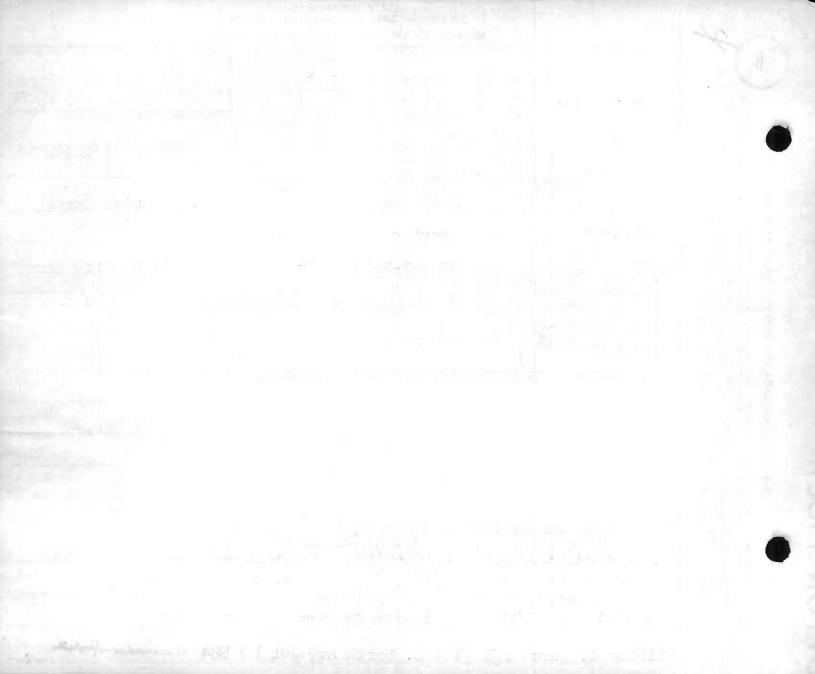
19.84

Dulaney Valley Cem. Cockeysville Balto.

6:30P

IF UNDER 24 HRS





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-		Male	Black	12	16 23	60	MONTHS DAYS	HOURS
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Charles W. Burrier, Jr., Sykesville, Md.

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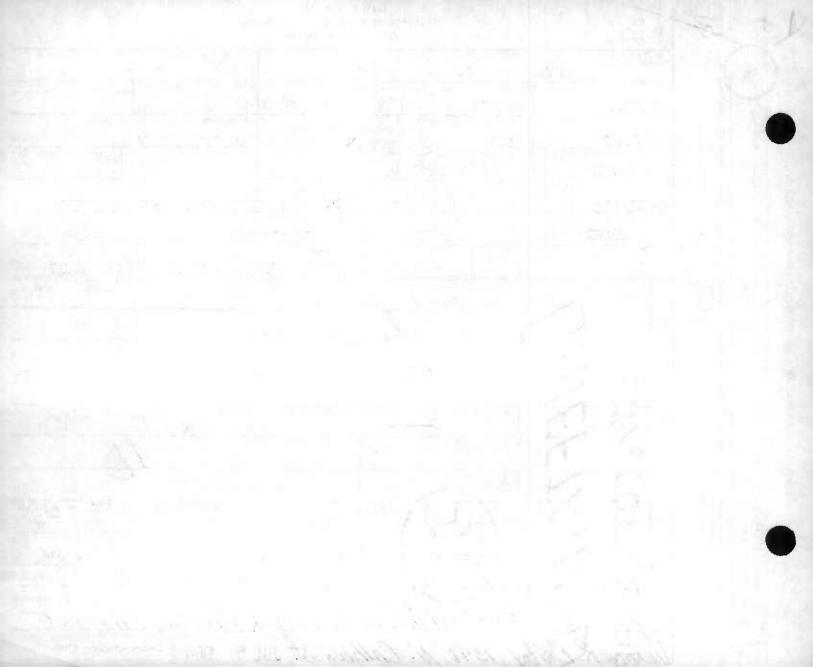
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STATE OF MARYLAND

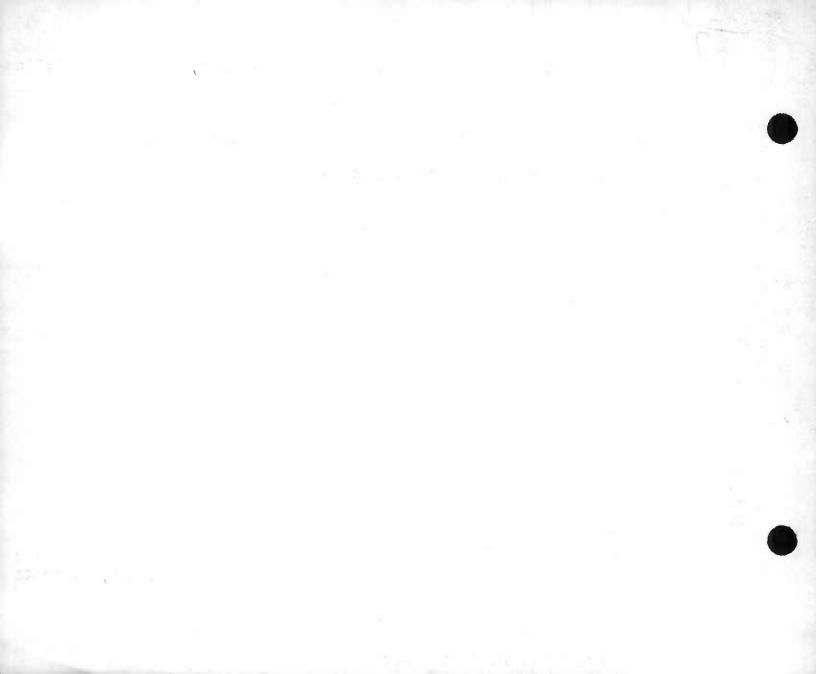
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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		CEASED NAME FIRST OR PRINT)		WIDDLE	L	AST		20. DATE OF DEATH	MONTH D	DAY YEAR 26	HOUR
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	3. SEX	(4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
-7	F	EMALE	BLACK	<	4	Ĭĥ.	24	60	YRS.		JANIA.
24	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER A	AARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
10	MA	RYLAND	AZU		WIDOWE	DIV DIV	ORCED	BALTIMORE	CITY		ME
37		TY OR TOWN OF DEATH	LIE NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, CY HOSPIT	ADDRESS)	OR OTHER INST	ITUTION	120. USUAL OCCUPAT		12b. KIND OF B INDUSTRY	USINESS OR
31	ÜSÜA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
20	13a. S	RYLAND 13b. CO	UNTY	13c. CITY OR TOW		13d INSIDE CI	TY LIMITS?	136 STREET ADDRESS 2040 HARLEI	M AUENI	ne srsr	7
		THER'S NAME		IBALTIMOR	(E	- ·	MAIDEN NA		I AVEIN	OF CRCP	
511		JAMES	MIDDLE	HTIMZ			EVANGEL	TNF		JORDA	M
4	16a. V	AS DECEASED EVER IN U.S.		16b. SOCIAL SECU	RITY NO.	17. INFORMA		ADDR	ESS	OVINDA	1.4
1	{Y	ES NOOR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			MARY E	BROGDEN	1824 HARLI	EM AVEI	NNE STS	17
/ F		18 CAUSE OF DEATH (Enter	anly ane cause pe	r line for (a), (b), and	dicii					APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (p)	Heart	Ya	eture					
other trous		Conditions, if any, which gove rise to immediate cause (a), stating the	(b)	OR AS ASSONSEOUS	NCE OF	ne	lle Fees				
	z	underlying cause last. PART 2. OTHER SIGNIFICAN	T CONDITIONS C	OVEST FO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1(0)	
	9										
7	A	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		, WERE FINDINGS	
1	TIFICAL	190 DATE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YING CAUSES OF	
3	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME O	OF INJURY	AY YEAR				IN CERTIFY YES	YING CAUSES OF	DEATH?
4		21a, ACCIDENT WAS UNDERLYING	21b. TIME (HOUR A NER) P	DF INJURYM., MONTH DAM. OF INJURY	YEAR	21c. HOW IN.	JURY OCCUR	YES NO NER NATURE OF INJU	IN CERTIFY YES	YING CAUSES OF	DEATH?
9	MEDICAL CERTIFICAT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETIMER, NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED	21b. TIME (HOUR A NER) P	DF INJURY I.M. MONTH DA	YEAR	21c HOW IN.	JURY OCCUR	YES NO	IN CERTIFY YES	YING CAUSES OF	DEATH?
5		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF ETHER, NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED	21b. TIME (HOUR A NER) 21e. PLACE (AT HOME, S1	OF INJURYM. MONTH DAM. OF INJURY (REET FACTORY, OFFICE F.	YEAR 19 ARM, ETC.)	21c. HOW IN.	JURY OCCUR	YES NO RED (ENTER NATURE OF INJU	IN CERTIFY YES	YING CAUSES OF 5 NATE 1 OR PART 2)	DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMITY OF ALL WORK NOTIFY MEDICAL EXAMITY OF ALL WORK NOTIFY MEDICAL EXAMITY OF ALL WORK NOTIFY OF ALL WORK NOTIFY OF ALL WORK 12a.1 Certify that (1) (this has	21b. TIME (HOUR A HOUR A P 21e. PLACE (AT HOME, S1	DF INJURYM. MONTH DAM. OF INJURY REET FACTORY, OFFICE, F.	YEAR 19 ARM, ETC.)	211. LOCATIO STREET	DURY OCCURP DN _, 19	YES NO RED (ENTER NATURE OF INJU	IN CERTIFY YES RY IN ITEM 18, PA	YING CAUSES OF 5 NART 1 OR PART 2) COUNTY	STATE
9		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI) 21d. IN JURY OCCURRED WHILE NOTWHILE ALWORK	21b. TIME (HOUR A HOUR A P 21e. PLACE (AT HOME, S1	DF INJURYM. MONTH DAM. OF INJURY REET FACTORY, OFFICE, F.	AY YEAR 19 ARM, ETC.)	211. LOCATIO STREET	JURY OCCURI	YES NO RED (ENTER NATURE OF INJU	IN CERTIFY YES RY IN ITEM 18, PA	YING CAUSES OF 5 NART 1 OR PART 2) COUNTY	STATE
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this has say the deceased alive above, (1) (we) (did) (did)	21b. TIME (HOUR A HOUR A P 21e. PLACE (AT HOME, S1	DF INJURYM. MONTH DAM. OF INJURY REET FACTORY, OFFICE, F.	YEAR 19 ARM, ETC }	211. LOCATION STREET	JURY OCCURI	YES NO RED (ENTER NATURE OF INJU	IN CERTIFY YES INV IN ITEM 18, PA INV IN ITEM 18 PA TO THE PA	COUNTY COUNTY Tond from the county	STATE STATE 1 (1) we) loss sses stated
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this has say the deceased alive above, (1) (we) (did) (did)	21b. TIME (DEATH HOUR A P 21e. PLACE (AT HOME. ST Don 25	DF INJURYM. MONTH DAM. OF INJURY REET FACTORY, OFFICE, F.	YEAR 19 ARM, ETC }	211. LOCATION STREET	JURY OCCURI	YES NO RED CENTER NATURE OF INJUDENT CITY OR TO CITY OR	IN CERTIFY YES INV IN ITEM 18, PA INV IN ITEM 18 PA TO THE PA	COUNTY 19 1, there and from the county 220 Data Section 19 1/2/0	STATE STATE STATE NO Description STATE NED SEF
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMIL 21d. IN JURY OCCURRED WHIE NOT WHIE AT WORK 220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	21b. TIME (DEATH HOUR A P 21e. PLACE (AT HOME. ST Don 25	OF INJURYM. MONTH DAM. OF INJURY REET FACTORY, OFFICE F. the deceosed from y after death	AY YEAR 19 ARM.ETC)	211. HOW IN. 211 LOCATION and that in (my) DEGREE 4.1.22e. ADDRESS. 300	JURY OCCURI	YES NO RED (ENTER NATURE OF INJU	IN CERTIFY YES INV IN ITEM 18, PA INV IN ITEM 18 PA TO THE PA	COUNTY 19 1, there and from the county 220 Data Section 19 1/2/0	STATE 1 (1) we) lost uses stated
9	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMIL 21d. IN JURY OCCURRED WHIE NOT WHIE AT WORK 220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	21b. TIME OF HOUR A HOUR A HOUR A PRINT PR	OF INJURYM. MONTH DAM. OF INJURY REET FACTORY, OFFICE F. the deceosed from y after death	AY YEAR 19 ARM.ETC)	211. LOCATION STREET Of that in (my) DEGREE A	JURY OCCURI	YES NO RED CENTER NATURE OF INJUDENT CITY OR TO CITY OR	IN CERTIFY YES INV IN ITEM 18, PA INV IN ITEM 18 PA TO THE PA	COUNTY 19 1, there and from the county 220 Data Section 19 1/2/0	STATE STATE STATE NO Description STATE NED SEF
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4	45	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	0	. NO.	8	163	
(B 2 1		EASED NAME OR PRINT)	EARL		B		RYOR		JULY 7	1984	DAY YEAR	12:33a	
		3. SEX			4. RACE		5. DATE (6 AGE (IN YEARS LAS		IF UNDER I YEAR		
U	960		Male		Bla	ack	MONT	5	37	46	YRS	MONTHS DAYS	HOURS MIN.	
	15		THPLACE (STATE O	r foreign	16 CITIZEN OF	WHAT COUNT	TRY? 8	D NEVERA	AARRIED 🔀	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH		-
	12/2/		aryland		U.	S.A.	WIDOWI	D DN	ORCED	BALTIMO			MD.	
= :	of the		Y OR TOWN OF D	EATH	(IF NOT IN SUC	H FACILITY, GIVE S	IRSING HOME O		TITUTION	17a USUAL OCCUP			OF BUSINESS OR	
2120	S S S S S S S S S S S S S S S S S S S		L RESIDENCE (IF NU	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE B	BEFORE ADMISSION)							
QN .	filled ould		ryland	136 COUN	11 Y	Balti		13d. INSIDE C	NO [13e.STREET ADDRES	ss/zircobe rester		1213	
YLA	1 3 6 B		THER'S NAME		WIDDIE	LAST			MAIDEN NA		1.01			-
MAR	a plant		Issac		MIDDLE	Pryor		Li	llian	MIDUL		1A	51	
BALTIMORE, MARYLAND 2120	Poges 1,		AS DECEASED EVE		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMA	NT	AD	DRESS			-
Q	E SE		NO			220-3	30-5078	Lill	ian Pr	yor 172.	1 N. R	egeste	er Stre	et
	physicie npoper movol.		18 CAUSE OF DEA PART I. DEATH		ly one couse per D BY E CAUSE (o)	line for (a), (b	ratory	INSU-	Pricies	icu		A 1	ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	Ser le constant de la			IMMEDIA		R AS A CONSE			1,10,10,1	3				-
ESTO	deoth a corp. or		Conditions, if or		((b)_	Adult	respir	atory	distre:	S SUN	drone	7	days	
E 00	E E E E E E E E E E E E E E E E E E E		gave rise to in	ting the	DUE TO, O	R AS A CONS	EQUENCE OF	- 1		7			, 0	
S made	ol, co	ш	underlying cau		(0)	Sepsi						13	days	=
5,2	signer o buri	z	0 1	11.		ONTRIBUTING	15	per l		INAL DISEASE OR C	2.1	EN IN PART 1	0	
080	been prior to	ATFO	COAQUIL	ANON		COLO I	C IVEY	- disec		200 AUTOPSY?	206. IF YES	. WERE FINDS	INGS USED	_
E M	n. n. n. perm nepri	CERTIFICATION	THE DATE OF CITE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 00110		THE TOTAL CONTROL	· · · · · · · · · · · · · · · · · · ·		YES NO	IN CERTIF	YING CAUSES		
/ITAI	YSKIAN: The is ding physicion. gertificate has defiol-transit per Mental Hygiene rr frem 18 mm	CERT	21a. ACCIDENT WAS U	NDERLYING				21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF				-
P.	SICIAN ng phy mg phy miol-tri mol-tri ltem 1		OR CONTRIBUTING			M. MONTH M.	DAY YEAR							
ON	PHYSICIAN: ending physical the certifico the beriol-tron and Mentol Hy dor Item 18	MEDICAL	21d INJURY OCCU		21e PLACE			211 LOCATIO	N	CITY O	RIOWN	COUNTY	STATE	-
IVIS	orkedor	Σ	AT WORK AT W	WHIE ORK	(Al HOME SI	REET, PACTORT, OF	TR, E, FARM EIC)							_
	O O E		22a.l certify that	I) (this hospi	tal) attended th	e deceased fr	- 1		19 84	10_ July			, that (1) (we) last	
	hospitol o hospitol o hospitol o o ned for Use ppt of Heoliem 21 is m		saw the deced above (1) (we)	osed alive on (did) (did no	July 7	after death.	19 54.0		(our) opinion o	death accurred on th	e date and hou			_
	DIRECTOR A	ļ ļ	226 SIGNATURE	.0	0-1			DEGREE	TTENDING	MEDICAL S	TAFF	101	ESIGNED	
	K T 488 - 1	1	274 PHYSICIAN'S		- Da) 0	me			PHYSICIAN [DIRECTOR PH	SICIAN W	Jul	1	
	TO FUNETAL Should be dis- well the State		Steven	_	NT	rre	mp	JHH	601	N WOLFE	ST BA		MD 2120:	2.
	5 g 5 g 3 g		URIAL, CREMATION	N, REMOVAL			73c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY		=
	BP	L "	BURTAL		7/12	/84	Balti	more C	ememe		,		Md.	
DH	MH - 16 50M 4/83	24 FU	NERAL DIRECTOR			ADDR			25a. DAT	REC'D. BY REGIST	ARPS REGIST			
	(VRA 15, 4)	Wn	C Marc	h F/F	Inc	1101	E Nort	h Ave	JUL	9 1984	. ha Da	vidson-R	Marie	



DIVISION OF VITAL RECORDS, 201

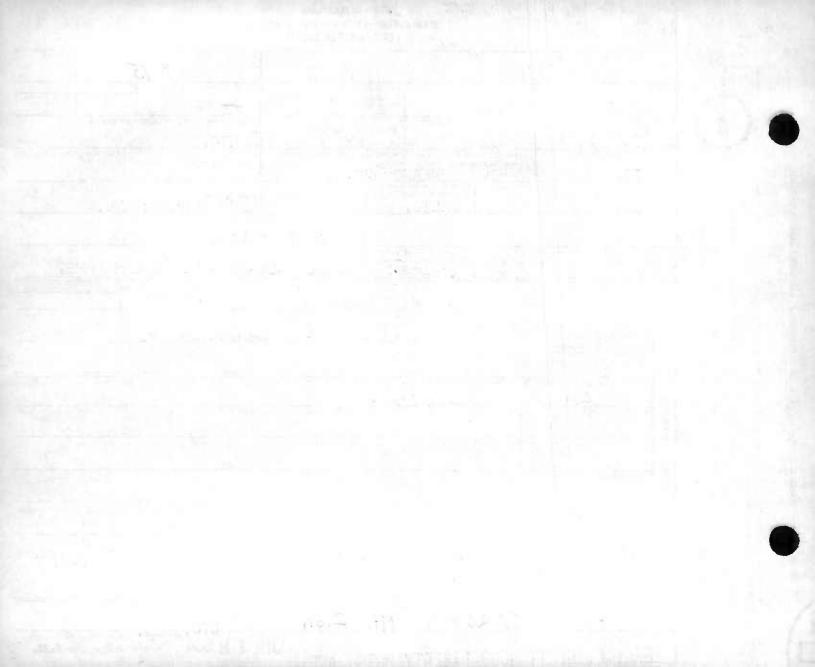
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	L			STATI	OF MARYLAND				
-66	1	FOR	DEPART	MENT OF H	EALTH AND MENTAL H	TYGIENE 8	41	8 9	10
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	•	REG. NO.		
		CEASED NAME - FIRST	MIDDLE	L	ST PURNELL	2a. DATE OF I		DAY YEAR	2b HOUR
	(TYPE	CEASED NAME LACY (LACE)	n		NELD		0.7	13 84	6:52PM
	3. SE)		4 RACE	5. DATE C		A AGE UNYE	ARS (AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
776	3. SE/	male	black	MONTH	DAY YEAR	AGE (IIII)		MONTHS DAYS	HOURS MIN.
1 100				12	2 1945		381 YR		
1/4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMOR	E CITY OR COU	NTY OF DEATH	
lun-		Va.	USA	WIDOWE		10 78 17 771 7	MORE C	ITY	MD.
10		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			120 USUAL O	CCUPATION		F BUSINESS OR
1.0	B	ALTIMORE	THE JOHNS H	PKIN	S HOSPITAL	TYPE OF WORK	NA WORKIN	G LIFE) INDUSTRY	
及	USUA		OTHER INSTITUTION, GIVE RESIDENCE BEFOR						
199	13a. S	TATE 13b. COUN			13d INSIDE CITY LIMITS	? 13e.STREET A	DDRESS / ZIP C	ODE 2.1	202
7	AEA	Md THER'S NAME	Baltimo	re	YES NO 1	NAME	valle	Street	202
6/3	7		MIDDLE LAST		FIRST	TYPOTE	MIDDLE	N/	7
10		lbert	Purn		Adell			IN/	A
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
=//		No	218-44-	0731	JoAnne Wi	lkerson	1312	Vallev :	Street
		18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b), on					APPROX BETWEEN	MATE INTERVAL
		PART I DEATH WAS CAUSE	DBY:	4	Emplo armo	HMUT MUR	O.	3,	his.
	1	IMMEDIAI	TE CAUSE (d)		-11 -11 -11 -11 -11			-	11
			DUE TO, OR AS A CONSEQU					21	lhan.
CICIS.		Canditions, if ony, which gove rise to immediate	(b) /CC	100315				009	100
1 6		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQU					71	her
0.00					12 STA Brow			10	· Mo.
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1	0
and a	CERTIFICATION	Accortor ME	DUE ARDS	PHOU	MURCUREM BE	78313			
	CAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOF	SY? 20b IF	YES, WERE FINDING CAUSES	
7	TE	NONE				YES 😿	NO	YES [NO [
2	GE	210. ACCIDENT WAS UNDERLYING		AY YEAR	21c HOW INJURY OCC	URRED (ENTERNATE	JRE OF INJURY IN ITEM	IB PART I OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA	AIH	AY YEAR					
	WEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	17	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM ETC }	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK		0./4	1/ 10 5	4 5	16 13	10 651	1
		saw the deceased alive on	ital) etterded the deceased fram_	54	id that in (my) (our) apin	. 10	and date and		that (1) (we) last
		abave, (1) (we) (did) (did na	at) view the b) dy after death.			on deam accorred	on we date and		
		226. SIGNATURE	11 1		DEGREE	G MEDICAL	STAFF	22c DATE	SIGNED
		Com	/from		PHYSICIAN		PHYSICIAN	7/1-	3/64
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT!		22e ADDRESS	/		,	
/		GENE 110	Ommo		600 N	. Woire s	ST. BAIN	more 21	1209
	23a B	URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATO				
		Burial	123.			CITY O	RTOWN	COUNTY	Md
	24 FI	JNERAL DIRECTOR	1/21/84 Mt	_ Z10	n Cemeter	DATE REC'D. BY RE	nsdown Gistrariash rec	GISTRAR'S SIGNAT	
3		NAME	ADDRESS ADDRESS		4.1	11 1 7 109		~	rdelle !
	L Vy	LILLAM C. Mar	ch F/H 1101 F	S. NO	rth Aye	C A I DO	7		1

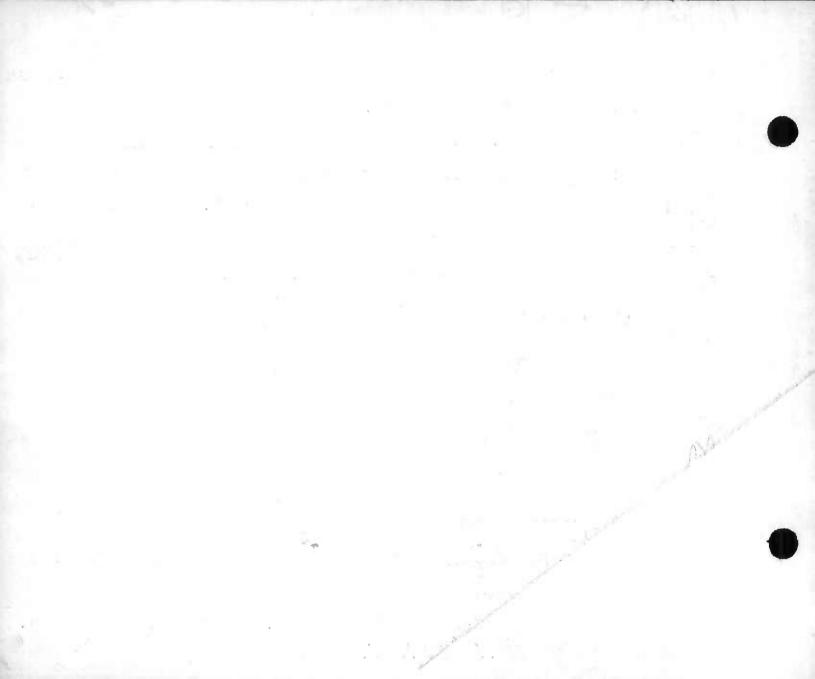
DHMH - 16 50M 4/83 (VRA 15, 4)



		REGISTRAR CEASED NAME FIRST OR PRINT) BRIG	HTA	PYLES	REG. NO 20. DATÉ OF DEATH	MONTH DAY Y	26 HOUR
1	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY] IF UNDER	I YEAR IF UNDER 2
X	1	FEMALE	BLACK	1 20 14	77 70	YRS MONTHS	DAYS HOURS
10	At .	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWEDXX DIVORCED	BALTO.		тн
(V	10_C	LTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 4509 DUNLA)		120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		IND OF BUSINES
3/	USÜ 13e. :	AL RESIDENCE (IF NURSING HOME OF		/N 13d. INSIDE CITY LIMITS?	4509 DUNL	AND AVE	2120
EX.	14. F	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N. PIRST	MIDDLE		LAST
medico/	16o. \	VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES? 166 SOCIAL SECULAR OR DATES 216-01-		LACE 4509		AVE.
aws any injury, ar ather trau	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	fail		MINAL DISEASE OR CON		FINDINGS USED
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR P	ART 2)
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.)	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	wn cour	NTY SI
Item 21 is ma			ital) attended the deceosed from	ond that in (my) (our) opinion DEGREE ATTENDING	n death occurred on the do	22c.	, that (I) (vam the causes sto



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1101 E North Ave

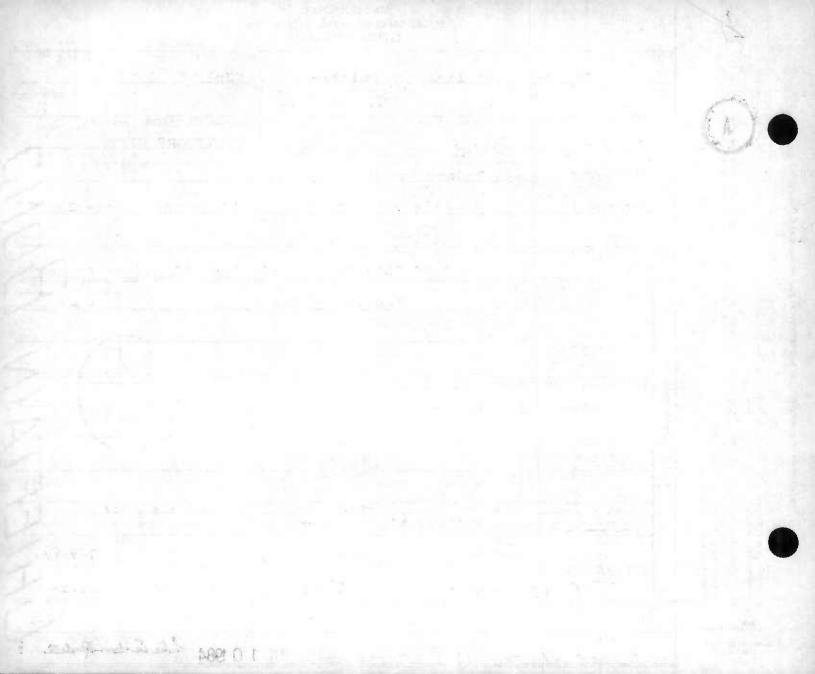
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

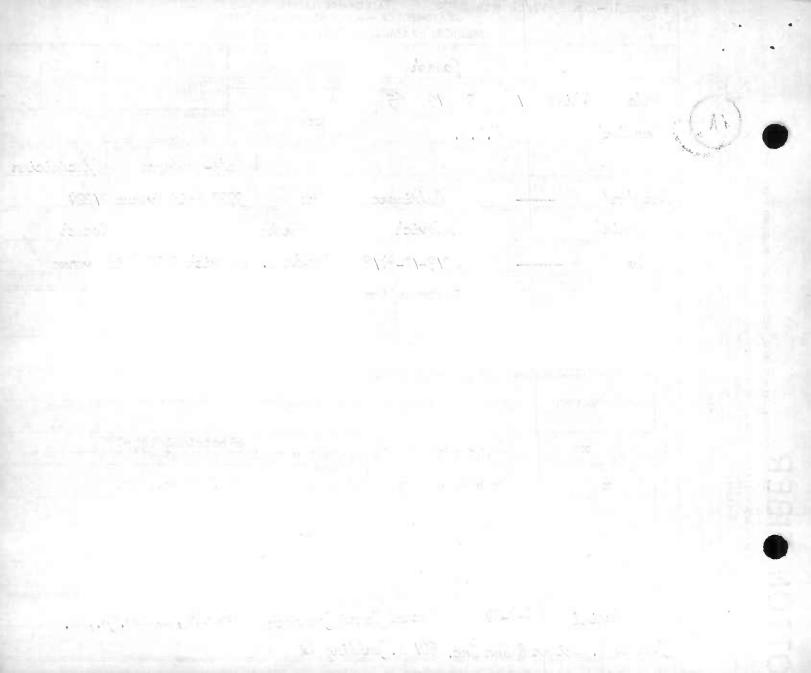
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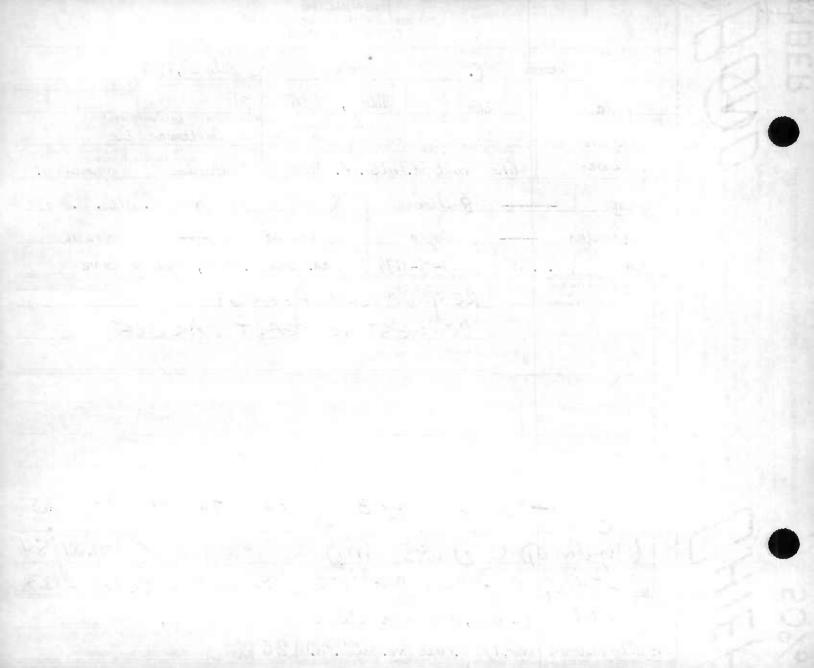
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10	tems 18-	-22 a 8/17	/84 mtb F	EPARTMENT (OF HEALT	MARYLAND H AND MENTAL H	9, 4		8	9 7	4	
` _	REGISTRAR	FIRST	WEI	MIDDLE	IINER'S	CERTIFICATE O		REG. NO	- 177			
	CEASED NAME PE OR PRINT)			Joseph	D		OF	ESTI- H MATED	7-3	1 10 84	26 HOL	
3 SE	X	Henry RACE	5 DATE OF BIRTH	6. AGE I	IN YEARS IF U	dovich			HTHOM	DAY YEAR		
	Male	White	MONTH DAY	19 6	YRS.	THS DAYS HOURS	MIN PRONO	AD	7-3	- 17	111.7	
17	Vew Yor		U.S.A		8. MARE	RIED NEVER MARRI	IED 📙	MORECITY <u>O</u> ltimore		City,		
/	Baltimon		(IF NOT IN SUCH FAC	PITAL, NURSING HE CILITY, GIVE STREET ADDRESS.	ESS)	cal Center		UPATION ITYPE- ORKING LIFE)	OF WORK			
130,5	AL RESIDENCE OF ALLESTATE	IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	13c. CITY OR TOW	MISSION		13e STREET ADD	-	nue 2	-		
-	ATHER'S NAME Danie	1	MIDDLE	Radovich		15. MOTHER'S MAIDE	NNAME	MIDDLE		orsch		
16a.		EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECT		17 INFORMANT Bertha L.		h 3927 i	1			
		ATH WAS CAUSED	y one couse per line BY: E CAUSE (a)	for (o), (b), and (c).					0	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEAT	
7	gave ris	Conditions, if ony, which gave rise to immediate (b)										
	lying cou	10000	(c)	AS A CONSEQUEN								
N N	PART 2 OTHER SIG	NIFICANT CONDITIONS	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE PART OF									
CERTIFICATION	19a. DATE OF	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY		
	UNDERLYING	CAUSE WAS OR IG CAUSE OF D		MONTH DAY		ow INJURY OCCURRE	o remember of into con	rcal pa	hel hel	h volt	age	
MEDICAL	21d. INJURY O WHILE AT WORK			OF INJURY (AT HOMORY, FARM, ETC.)	E. 211 LC	OTTE: Lomba	rd St. F	al to.,	Md. cour	eTY	STATE	
	22a. I certify that I took charge of the remains discriber above, held on Autopsy , Inspection , Inquiry , and in m death resulted from Natural country , Suicide . Homicide . Undetermined monner ,											
	SIGNATURE	leun	wo X	Musto.	Men.	ASSISTANT	MEDICAL EX		DATE	7-31-	84	
-	EXAMINER'S I	NAME Denr	nis F. Smy	th, M.D.		ADDRESS111	Penn Str	reet				
(BURIAL, CREMAT		8-4-84		CEMETERY O	t Cemetery	23d LOCATION Dundal	k. Bal	to Co	Md	STATE	
	rarles !		& Son In	c. 901 S.	Conkl		REC'D, BY REGIST	A france	Perfect SK	- Carre	حد	



11	1,	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE O	1 8 9 7 5	
	1'	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
		ECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
e € €	(14	PEOR PRINT) Herma	an (.	Raeke	July 24, 1984	ı M	
	3 S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS	
(注)		Male.	White	July 4, 1906	78 YRS		
2010	70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY?	9. BALTIMORE CITY OR COUN		
The state of the	2	Manuland	USA	WIDOWED DNORCED	Baltimore	(ity MD	
s after is a siled will be win the will be win	2 10	Baltimore	11. NAME OF HOSPITAL, NU (IF DOT IN SUCH EACH ITY, GIVES 612 Scott	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	F WORKING LIFE) INDUSTRY		
0 0 0	US 130	UAL RESIDENCE (IF NURSING HOME O			13e STREET ADDRESS / ZIP CO	IVE	
filled auld b	3 1 1	aryland -		none YES X NO [612 Scott St.		
athir	y 14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MODLE	LAST	
buo puo	4	Charles	Rae	ke Louise		Unknown	
Poges I	1 160		RMED FORCES? 166 SOCIALS		ADDRESS	,	
Poor		(YES HOOR UNKNOWN) (IIFYES. G	. 2 214-0	5-3135 A Mrs. t reda	M.Raeke, Same		
ficate I physicic popers noval.		18. CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b		1	BETWEEN ONSET AND DEATH	
a phy on po ewon		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (o) RESE	IRATORY ARK	EST		
or r			DUE TO, OR AS A CONSE	QUENCE OE ' (- //-			
deol affer ove ove		Conditions, if any, which	((b) CON	GESTIVE MEA	RT FAICU	ee .	
by the		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF			
signed hen plea ta burial	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
- x o +	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED	
has has per per sws	J E				YES NO	TIFYING CAUSES OF DEATH? YES NO NO	
IYSICIAN: The lawding physicion. S certificate has biburial-transit perm Mental Hygiene pr	4 8	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
SICIAN: T ng physici certificate mid-transi ental Hygi		OR CONTRIBUTING CAUSE OF DE		DAY TEAK			
I 6 6 - 0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE	
ar often After the e os the olth and marked o	2	AT WORK NOT WHILE	(AT HOME STREET FACTORY, OF	ICE, FARM, ETC.)			
		22a certify that (I) (this	MAY 25	om NOV B 19 82	- 10 JUCY 24	19 0 4, that (I) (we) lost	
ATTEN aspitol ECTOR: d for us m 21 is	10	sow the eccessed alive or	ot) view the body ofter death.	9 _ Ond that in (our) opinion	death occurred on the date and h	our and from the causes stated	
OR ATT birect birect oched fo Dept. of	148	226 SIGNATURE	- O	DEGREE		22c DATE SIGNED	
Y the hor Y the hor RAL DIRE detoche ote Dep		Wortho	B C. Haw	(5 m) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/24/84	
HOSPII ined b FUNER old be h the Si		22d PHYSICIAN'S NAME (TYPE	C. DAVIS	mb 700 WA	SHILGTON G	BUAD. 21232	
of of shape of the	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP		(SPECIFY) Burial	July 27, 1984	(edan Hill (emetery	Baltimore,	Maryland STATE	
DHMH - 16 50M 4/83		FUNERAL DIRECTOR	300	24.220 ZSa. DA	TE REC'D. BY REGISTRAR 256. REG		
(VRA 15, 4)	1	Cully Funeral.	Home, 130 E. For	t Ave. Balto Ablu 2	1984 Julia Varide	ion-Randell	



STATE OF MARYLAND

JUL 2 4 9841 -----

77	V 1			5 9/18/8	4 mtb F#				ARYLAN					-	-	15	1
4 "	VA	1.	FOR STATE			DEPART	MENT OF H	EALTH	AND ME	ENTAL	YGIEN	E 43		8	4	/	1
AT	14		REGISTRAR		M	EDICAL	EXAMINI	ER'S C	ERTIFIC	CATEC	OF DEA	TH '	REG. NO).			
101			CEASED NAME	FIRST		MIDDLE		L	AST			a DATE K	NOWN D	MONTH	DAY	YEAR	2b. HOUR
	Rala	(TYP	E OR PRINT)	Robe	rt	G.		Day	MO17			OF	MATED	7	20 1	001	
/	35989	3. SE)		4 RACE	5. DATE OF BIRTI		6 AGE (IN YEA		mey DER 1 YR.	IF UNDER	24 HRS	2c. DATE		MONTH	DAY	YEAR	2d HOUR
1	T IS				MONTH DAY	YEAR	LAST BIRTHDA		DAYS	HOURS		PRONOUNG	CED	7	20	0.4	4:52
-	A SOCIA		le	White	Oct. 3,	1962	21 YR	5.				DEAD	DE CITY OF	/		984	Рм
-	SANTE		RTHPLACE (5)	TATE OR	76. CITIZEN OF		ITRY?	MARRIE	D X NEV	VER MARR	IED 🗆	1 BALIIMC	RE CITY O	K COUNT	TY OF DE	HTA	
	337 × 2		rth Car		U.S.A			WIDOWE	D 🗆	DIVORC	1		more	_			MD.
	A A GE	10 CI	TY OR TOWN	OF DEATH	11 NAME OF HO	SPITAL, NU	RSING HOME,	OR OTHE	R INSTITUT	TION		AL OCCUPA	ATION (TYPE	OF WORK	12b KINI OR	O OF BUS	SINESS
	PAGE PAGE SEFILED		Baltim	ore			Hospita	al					irst (Class			
	_ QENON			(IF IN NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE	BEFORE ADMISSIO	N)							DI	00	3
	F ANY DELA AND 3 TO RETAIN PA HOULD BE P	13a S Me	ryland	Harf	ord Co.	Ahe	erdeen	Provi	THE TOTAL	COMMISS	667	Q Des	s t Jaco	oh St	reet		
	D. 3. 1. S.H. R.H. R.H. R.H. R.H.	-	THER'S NAME		014 00.	1 2200	240011							00 00			
	# # # # # # # # # # # # # # # # # # #		FIRST		MIDDLE	-	LAST	- 1	IS. MOTHE	llie		MIC	DLE		Davi	ST	
	8 305 ₹6 +	140.14	Robert	D EVER IN U.S. AR	L'e		MEY CIAL SECURITY	NO	17. INFORM				ADDRESS		Der A T	. 13	
	A HAND SHO	(Y	S, NO, OR UNKNO	WN) (IF YES, GIVE	E WAR OR DATES)						123	1.0.1		- 11	3.0		
	T., BALTIMORE, MD. 21201 UNES AFTER DEATH. IF ANY 18. GIVE PAGES 1, 2, AND: WITH FORM PM 3. RETA WITH PAGES 1 AND 2 SHOUL E., DIVISION OF VITAL REGAL		Yes		ve Duty		-27-888)	Terry	/ Kam	ey (w	iie)	Same a	as #	13.		
	. 4 . 3 . 0		18 CAUSE O	F DEATH (Enter of ATH WAS CAUSE	nly ane couse per li	ne for (o), (b), and (c).)									ROXIMATE EN ONSET	AND DEATH
	A FERN		0	IMMEDIA	ATE CAUSE (o)												
	N STO	7	8/3	00		OR AS A CON	NSEQUENCE C	F									
	PREA ANS		Condition	ns, if ony, which se to immediate													
	OR TREE W		couse (a)	stating the under		R AS A CON	SEQUENCE O	F									
	201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W. RALL-TRERMIT. D MENTAL HYGIENE, D ON, OR REMOVAL.		lying cau	ise last.	((c)												
	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL. JE 3 SHOULD BE USED AS A BURE TO EPERARIMENT OF HEALTH AND TO PROPERTY OF HEALTH AND TO PRICE TO BURIAL, CREMATI		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATED TO THE TERMI	AL DISEASE	OR CONDITION	N GIVEN IN PA	ART 1 to E						
	S A SEN	Z															
	LEA A MEA	F	19a. DATE OF	OPERATION	196 CON	DITION FOR	WHICH OPERA	TION WA	S PERFOR	MED?					20 AL	TOPSY?	
	A SHE SHE	F													YE	S XX	NO 🗍
	WO BE OF SECOND	ER	21a. EXTERNA	AL CAUSE WAS	21b. TIME	QE INJURY	DAY YEAR	21c HO	W INJURY	OCCURRE	ED (ENTERN	ATURE OF INJU	RY IN ITEM 18 P	ART I OR PA		2626	110
	SHEDER 3	1 3	UNDERLYING	OR	DEATH 3:35	MAX-MONTH	20 19 84	Mo	toraz	clist	- ctr	ack f	ixed o	hioc	+		
	SHOOT SHOOT STEEL	O.C.	21d. INJURY C	NG CAUSE OF		.M. / E OF INJURY		2 If LOC		CIIS	501	uch I.	LACU C	DJec	L		
	N SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	W	WHILE	NOT WHILE	STREET, FA	ACTORY, FARM, E		ST	REET			CITY OR TOW		CO	YINU	0	STATE
	SIAN WAR		AT WORK	AT WORK	S'	treet				ve. r	nr. E	agewoo	od Rd,	Har	rora	Co.	,MD.
	A A TE S		22a T certi	by that I took char	or of the remains of	Pribed abo	me held an	Autaps	XX.	Inspectio	n L.	Inquiry	and	d in my op	noini		1
	MERCE S	1	death result	from P Neg	Jol cooses	/ Account	7X /	fre .	Hamic	ide .	Undete	rmined mar	nner .				1
	ANT ARE		Decision of	///	/	118	TH		TITLE (S	PECIFY)							1
	A PLOCAL		ACTUAL SIGNATURE.	1 14	Most	1/1	we	M.I	Depu	ty Ch	niefen	CAL EXAMI	NER	DATE	D_ 7	/21/	84
	SE S			10	0.8	0.V.	1										
	A SHEET		(TYPE OR PRI		omas D. Si	mith,	M.D.	A	DDRESS_	111 E	Penn	St. I	Balto.	,MD.			
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG Y TO THE CHIEF MEDICAL EXAMINER ALONG Y AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLMORE, MARYALAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	23a 8	URIAL, CREMA	TION, REMOVAL	23b DATE	23c	NAME OF CEN			ORY	23d. LO	CATION		COU	LITY	STA	15
	BP	(:	Burial		July/26/	84 St	unset C	emete	erv		She	lbv.	North	Carro	line	,	116
		24 F	JNERAL DIREC	CTOR	, , , , , , ,					250. DATE	REC'D BY	REGISTRAR	25h REGIS	STRAR'S S	IGNATU	RE	
	DHMH - 17 (VR A15 ME (5))	Che	mbers 1	Funeral 1	Home Riv	erdel	e, Mary	land	JU	-41	1334	Julia	Davidso	n-Par	della	37	
	20M 4/82	2110	THOUSE !	wito I Cal. 1	TITLY	- r ercer	- Jacoba y					U				-	

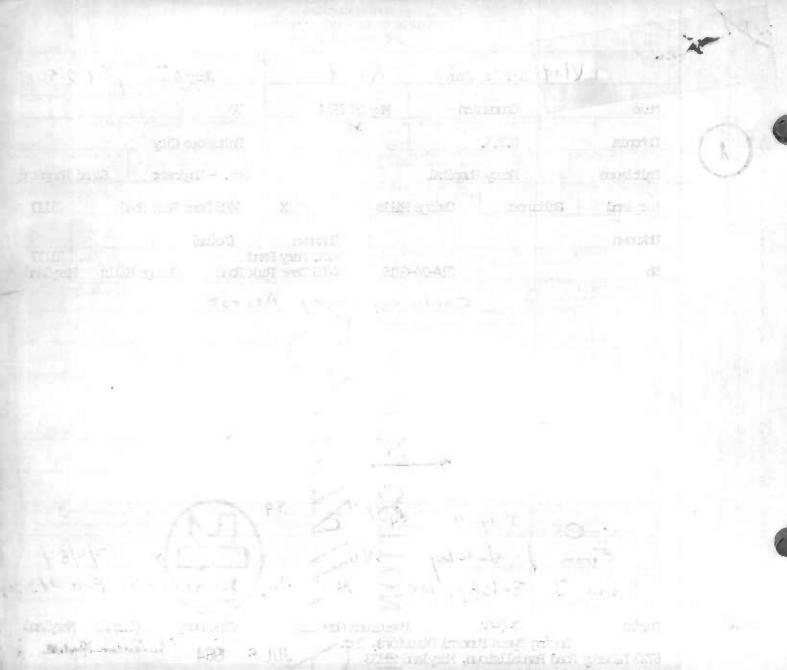
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STATE OF MARYLAND

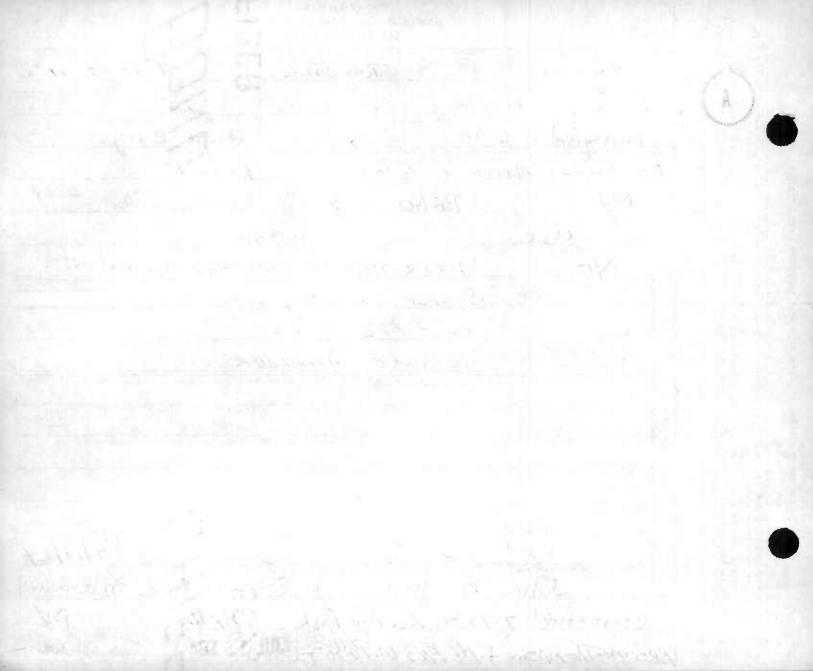
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(VRA 15, 4)



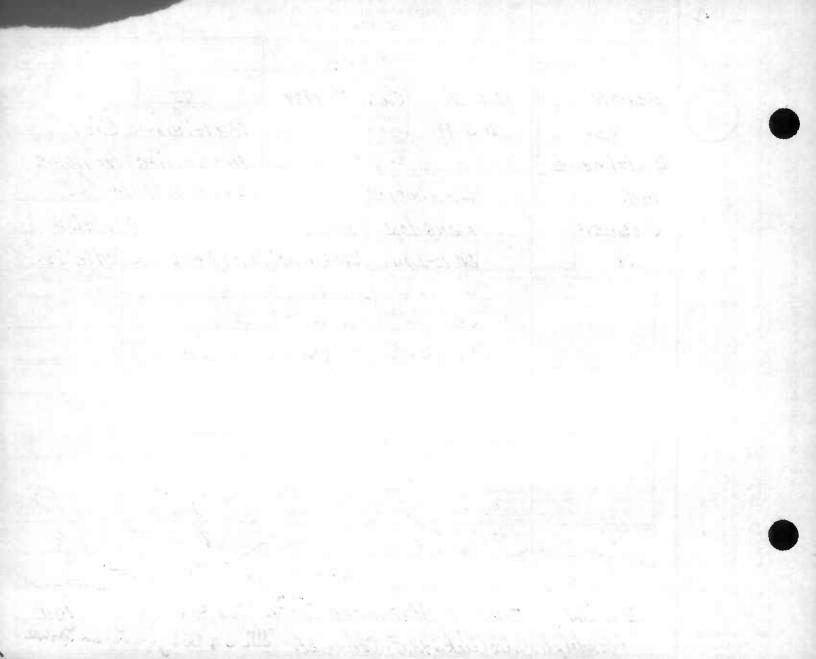
	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG. NO.	18780
	I. DE	CEASED NAME FIRST	MIDDLE	LAST		ONTH DAY YEAR 26 HOUR
		E OR PRINT		70 10	*	7 10 44 144
-	3. SE	LAYMOND	4.04.05	RANDALL	4.05	1
1	J. 5E	m	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS M
,		MALE	NEGRO	4 9 08	75	YRS
821		IRTHPLACE (STATE OR OREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
30		MAHIAN	637	WIDOWED DIVORCED	BACTO.	CITIL
300	10 C	ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	
90		nctimore	MASON F. L	-023	Retind	PORKING LIFET INDUSTRY
35		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / Z 5200 EAS for	
20,37	14. F/	ATHER'S NAME	1 1974 170	15 MOTHER'S MAIDEN N		7-10-
500		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
-	140.3	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECL	RITY NO. 17. INFORMANT	ADDRESS	
4/			E WAR OR DATES)	1 .1		1100
1	_	140	2/3,09	-7/87 Lottle PCO	W 2461 W	estport .
#		18 CAUSE OF DEATH (Enter onl	y one couse per lige for (o), (b), on	dien		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
1		PART I. DEATH WAS CAUSED	E CAUSE (0) OUDJEN	CORONARY	EVENT	
		I I I I I I I I I I I I I I I I I I I		0	STATE OF THE PARTY	
E .		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE			
0		gove rise to immediate	(b)			
the.		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE		1-R	
			1 6 9.6130			
njury.	Z	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to I</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART TIO
2 2 7	¥	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2	06. IF YES, WERE FINDINGS USED
9 5 4	문			or environment		N CERTIFYING CAUSES OF DEATH?
9 4	CERTIFICATION	at ACCIDENT MAY COMPANY -	AND THE OF BURDY	121. 110	YES NO	YES NO
11 G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY II	4 ITEM 18 PART 1 OR PART 2)
11/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	Land Mark	
ō	ED	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Sed	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITOKIOWA	STATE
OH.			ol) ottended the deceased from_	, 19,	, to	, 19, that (I) (we) I
. 2		sow the deceased alive on.	19		/	and hour and from the causes stated
€ E		obove, (I) (we) (did) (did got	view the body after death.	A	de de la compa de mie dote	
7 7		226. SIGNATURE	1 11/	DEGREE ATTENDING	I_ MEDICAL _ STAFF	22c. DATE SIGNED
F 1		7	DC (1 120)	PHYSICIAN	DIRECTOR PHYSICIA	NO 7/10/84
DRIAN		22d. PHYSICIAN'S NAME (YE'S OF	PRINT)	22e ADDRESS		2 1/ 2
MPORT		Vol	no Burto	N 14940 80	estern A.	se Proto 2122
₹	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	123d LOCATION	C. CACTO - TOT
		(SPECIFY)	7 /2 84 /	1.10.4	DITY OR TOWN	COUNTY MINE
	24 5	Cremation	11.12.0014	DEINGN PARS	I DN/16	DECRETATION OF THE
4/83	-	UNERAL DIRECTOR	ADMRESS	7 1 2	TE REC D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
	R	Onught-The and	3-10 F. H. Fila	(D) DRIKA Son IN	IL ID NO4	a Dayston- gandell

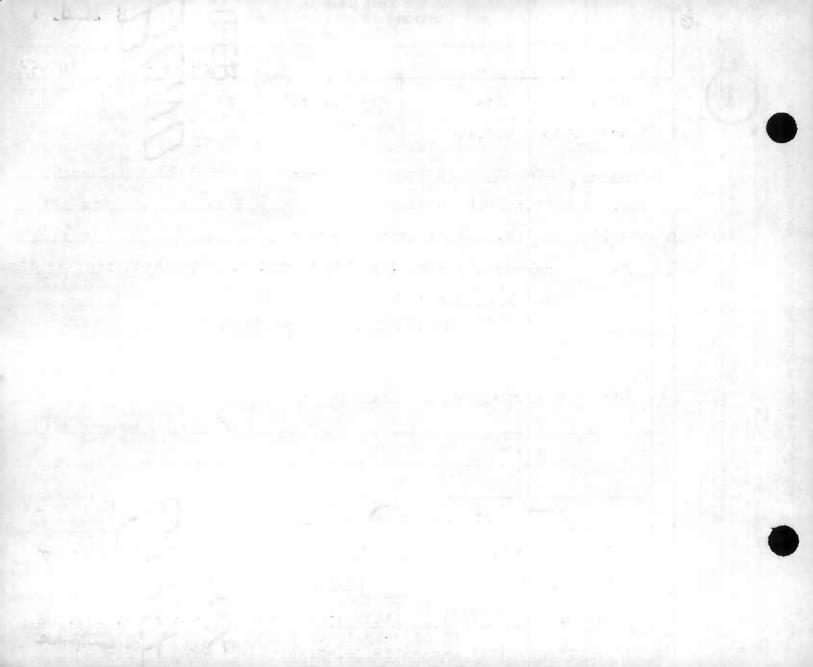


STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	18	9 3 5	
(B)	TYPE	CEASED NAME FIRST AAN	ow	DDLE	Re	est. C/S		7 27 8		
Page director	3. SE	Male		lhite	5 DATE O		6 AGE (IN YEARS LAST BIR	YRS MONTHS E	DAYS HOURS MIN.	
to 22 Par	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Mary Gard	76 CITIZEN OF W	A	WIDOWE		Baltimore City O	noke	MD.	
ofte d w	10. C	or fown of Death		FACILITY GIVE STREET A		r other institution	12a USUAL OCCUPATI		IND OF BUSINESS OR STRY	
LAND 215	13a, S		or other institution, G	IVE RESIDENCE BEFORE 3c. CMY OR TOWN	ADMISSION)	134 INSIDE CITY LIMITS? YES NO NO	13e.STREET ADDRESS		21797	
E, MARYLAI cuted within completely f i I and 2 sho		RON REISE	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		LAST 21707		
be execu		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (18 YES,	ARMED FORCES? GIVE WAR OR DATES)	66 SOCIAL SECUR	RITY NO.	Ron Reise	350 Florence	e RD Wood		
ST., BALT striftcote by physicio onpopers. emoval. eventralities		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	A) BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or oftending physician ond completely filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by a stream of the carbon papers. Pages 1 and 2 should be filled in by a stream of the carbon papers. Pages 1 and 2 should be filled in by a stream of the carbon pages.		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause last	DUE TO, OR	AS A CONSEQUEI AS A CONSEQUEI Metabolic NTRIBUTING TO D	VCE OF ACIO		LINAL DISFASE OR CON	DITION GIVEN IN PA	RItio	
AL RECORDS, 2	CERTIFICATION	Profound 190 Date OF OPERATION	1 Hypot	hermia ION FOR WHICH	the	lac Hendre	3		INDINGS USED	
N OF VITA SICIAN: The physicic certhrcate uniq-fransit		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOT IFY MEDICAL EXAM)	DEATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAI	RT ?)	
DIVISION DING PHYS or offendin After this c e os the bur plith c mork d of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	FINJURY T FACTORY OFFICE FA	RM EIC)	211 LOCATION STREET	CITY OF TO	WN COUN	STATE	
ALOR ATTEND the hospitol of the hospitol of the hospitol of the efforched for use the Dept. of Head 21 is mitten 21 is mit	E	22a I certify that (I) (this had sow the deceased alive the first that (I) we) (did) (did) (22 II) (1) (4)	on 7/27	19_5	/	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the di	FF \ 3	m the causes stated	
HOSPI		harles	11 /1	INN		22e ADDRESS GO	Low His	St Acres	Baltory.	
BP		BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	AL 23b DATE			EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN		Maryland	
DHMH - 16 50M 4/83 (VRA 15, 4)	124 F	uneral director urry H Witzke	4112 Colum	abia^Rd E	llico	tt City 256 DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIC		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١.	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME FIRST	M	IDDLE	l	AST .	20. DATE OF DE	ATH MONTH	DAY YEAR	25 HOUR
(I TE	THELMA	7		RE	YNOLDS	July	6	1984	10p
3. SE	x	4 RACE		5. DATE C	4.0	6 AGE TINYEAR	(AST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
	Female	Negro		171	6/1903 YEAR		81 YRS		I TOOKS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
Ni	rginia	U.S.A.		WIDOWE		BALT	MORE		M
110	ALTIMORE CITY	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET MEMORIA	ADDRESS)	OR OTHER INSTITUTION OSPITAL	120 USUAL OC (TYPE OF WORK FO HOUSE)	R MOST OF WORKING		OF BUSINESS OF
13a. S	AL RESIDENCE (IF MURSING HOME O STATE 136 COUI Iaryland		Baltimor	N	13d INSIDE CITY LIMITS? YES 🐔 NO 🗌		oress / zip co		L3
V	John R. Morgan	MIDDLE	tast.		Marie Bell R		VIDDIE	LAS	ST.
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECU	RITY NO.	Mr. John Reyn	olds 1	ADDRESS 222 Patc	mac Stre	æt
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		Cardin		scular col	lapse		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost	(b)	AS A CONSEQUE ANCS F AS A CONSEQUE	NCE OF	idig to bile			signate.	2 WKS
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	R CONDITION (GIVEN IN PART 1	o
o N N	Dial	2itse							
CERTIFICATION	June 29,19	- 1			N WAS PERFORMED av is Clemia	200 AUTOPS		YES, WERE FINDIT TIFYING CAUSES YES []	
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTERNATOR	E OF INJURY IN ITEM I	8 PART I OR PART ?)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	DE INJURY ET FACTORY, OFFICE F	ARM ETC)	211 LOCATION	(ITY OR TOWN	(OUNIY	STATE
	27a certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did ni	Dant,	6 19	0 /.	nd that in (my) (our) apinian	tadeath occurred o	on the date and h		that (I) (we) los causes stated
	226 SIGNATURE Chasco	1	A		DEGREE ATTENDING	MEDICAL	STAFF PHYSICIAN DX	271 DATE	SIGNED 4-80

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL Arbutus

DHMH - 16 50M 4/83

MPORTANT: If Hem 21 is

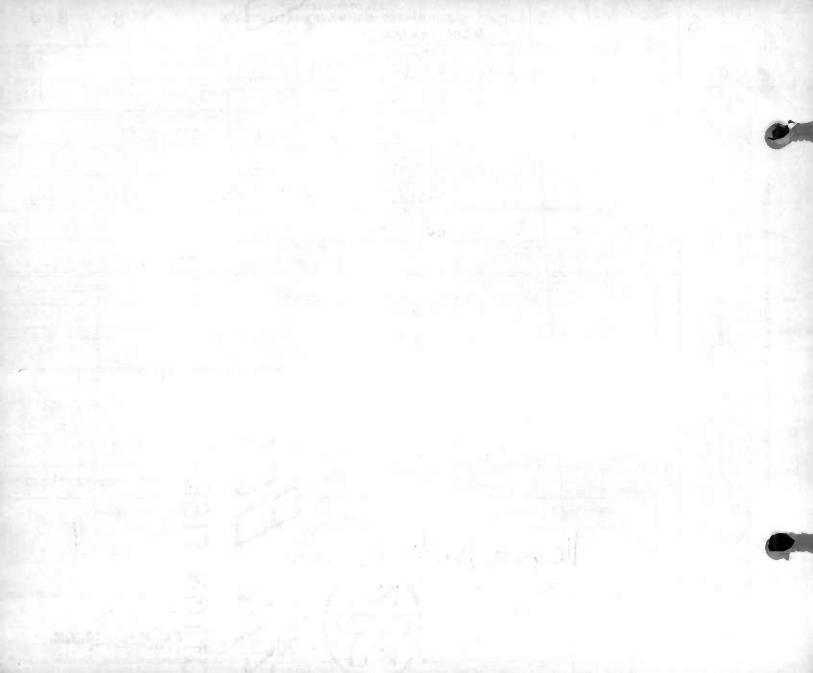
(VRA 15, 4)

FOR

MORTON & SONS 1701-31 Laurens

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Stl.





TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event,

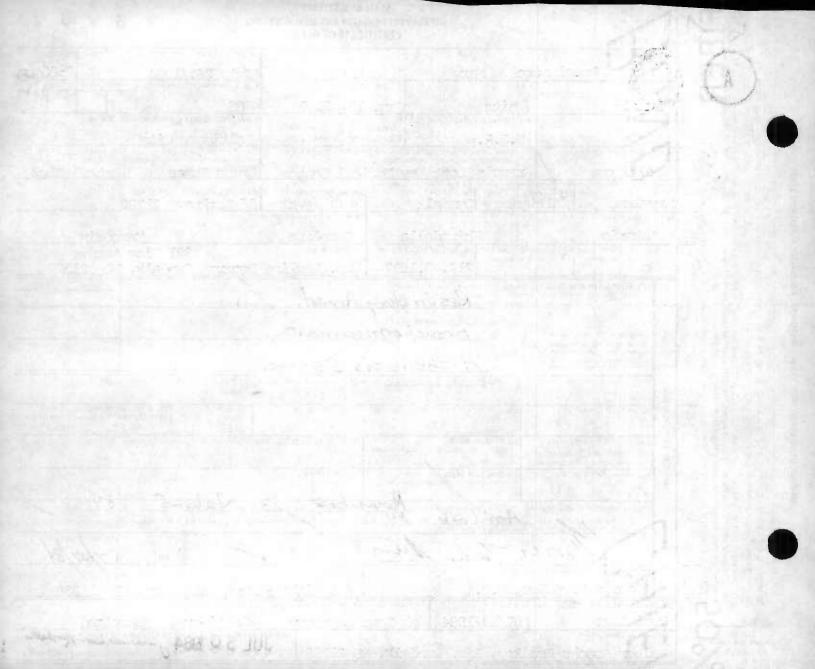
18 shows-any

MPORTANT: If Item 21 is marked or Item

STATE OF MARYLAND

1	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	GIENE B A	10.	8 }	ਰ	7
	ECEASED NAME FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOU	IR
1,00	Antoinet	te M	fary	Ricci	itelli	July 25.	1984		9:55	5 pm
3 SE	X	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER LYEAR	IF UNDER	24 HR MIN
I	Female	White			17, 1899	85	YRS	AUNTHS DATS	HOURS	MIN
	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
	Italy '	U.S.A.		WIDOWE		Baltimore	City			MD.
10 0	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126, KIND C	126, KIND OF BUSINESS OR	
	Baltimore /	Francis	Scott Ke	y Med	ical Center	Dress Make	r	Retai	1 Sho	go
130	STATE TUNCOUN		GIVE RESIDENCE BEFORE 131 CITY OR TOW Dundalk		13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 36 Yorkway				
15 F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ST	76/76
V.	Antonio		Ghiradell	a	Caroline		Ma	arcomin		
16a	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AD30	15 Wise	e Avenu	e	
	No	c trail on pares,	214.03.1	527	Mrs. Pauline		indalk,		1222	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one cause pe D BY: [E CAUSE (a)	Respire	atory	Arrest.			BETWEEN	MATE INTER ONSET AND	DEATH
NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT ((c)_	Bronel PHZhEU	nogn inc	rs Disease	MINAL DISEASE OR CON	IDITION GIV	EN IN PART 11	a	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	DF INJURY .m. MONTH DA .m.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 P.	ART I OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	5	STATE
	22e. I certify that (I) (this hospi saw the deceased after above, (I) (we) (did no 22b. SIGNATURE				DEGREE ATTENDING	death accurred anothe of	AFF _	r and from the	that (II (s couses sto	per Tast ated
1	224. PHYSICIAN'S NAME (TYPE	PRINT			22e ADDRESS	SWEETON CHILIST	0.00	1	101	
	George A. Tale	er, M.D			600 Light S	treet Balti	more,	MD 21	230	
23e.	BURIAL, CREMATION, REMOVAL	- 602		NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	5	TATE
	urial	07/28	/1984 Oa	k Law	n Cemetery	Baltimore		aryland		
-	uneral director alter Brooks Bro	adley,	Inc. Dund	alk,	MD 21222 250 DA	Int. 3.6.	25b. REGIST	RABISSIONAT	-Mand	2002

DHMH - 16 50M 4/83 (VRA 15, 4)



requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN The law retoined by the hospital or attending physician

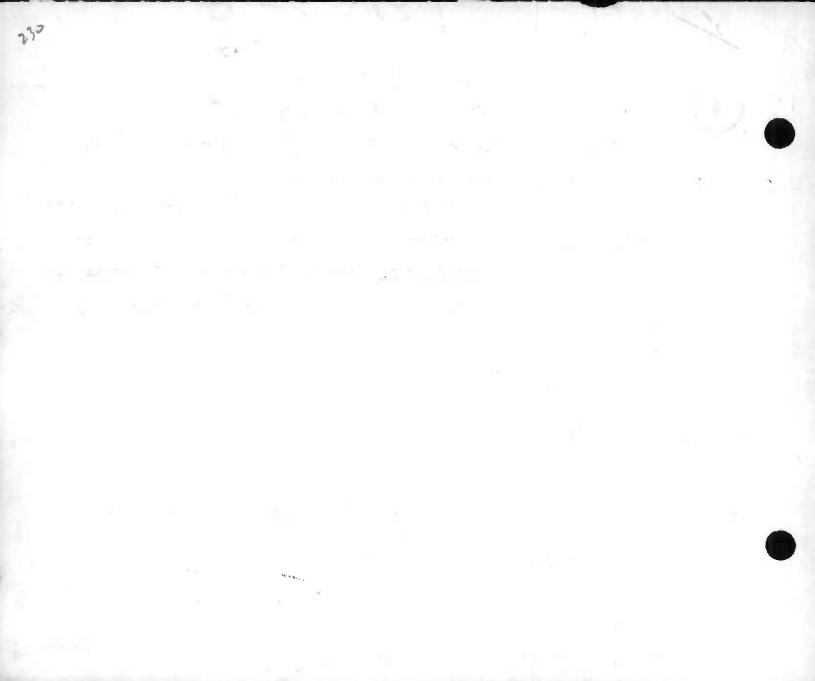
BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the bumbificants permit. Then pleases remove carbon papers. Pages with the State Dept. of Health and Membil Hygiene polar to burial, certification, or removal. IMPORTANT: If hem 21 is marked as pen 18 shows any injury, or other fraumatic event, the med

1	1	FOR		DEPART		E OF MARYLAND IEALTH AND MENTA	L HYGI	ENE B 4	4	on i	8 9	90	
- 1	1 -	STATE REGISTRAR				ICATE OF DEATH			REG. NO.				
- 1		CEASED NAME FIRST	,	MIDDLE	-	IAST		20. DATE OF DE		DAY	YEAR	2b HOUR	_
-1	{ TYPE	ELROY			RIC	CHARDS			July	9.	1984	2:050	AA
- 1	1 SE	X	4 RACE		5. DATE O			6 AGE (IN YEARS	LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24 HRS	
4	No.	Male	Bla		MONT	7 37		47		(RS	NIHS DAYS	HOURS MIN.	
5	7a. Bl	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF T	what country? A	8. MARRIE WIDOWE	D NEVER MARRIES	D PP	BALT	IMORE (M	D
9	10. CI	TY OR TOWN OF DEATH BALTIMORE		HOSPITAL, NURSIN HEACILITY GIVE SIREEL TCAL CEN		OR OTHER INSTITUTION	Z	12a USUAL OCC			12b. KIND OF INDUSTRY	BUSINESS OF	5
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME COLORSTATE 136 COU	R OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Baltimore YES NO				13e STREET ADD 2135 W	RESS / ZIP (CODE t.im	ore S	St. 21	21
V	14. FA	ATHER'S NAME		LDG I CINK		15 MOTHER'S MAIDEN NAME						, , ,	=-
1		Columbus	MIDDLE	Richar	ds	Lill	ian	^	IDDLE	St	ewart		
7		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT			ADDRESS		(4 4 4		_
ı	(1	YES, NO OR UNKNOWN) (IF YES, G	vewar on Dales) 212 34 6935 Malcolm Richards 21					2135	W.	Balti	more	St	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION	DUE TO, OF		ENCE OF	Uno Carcin		NAL DISEASE OF	(? 20b	IF YES, W	VERE FINDIN	GS USED	=
2	8	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE	OF INJURY IN ITE	M 18 PART	ORPART 2)		_
n	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19								
	MEDICAL	21d. INJURY OCCURRED WHITE NOT WHITE AT WORK	21e. PLACE ({AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CI	TY OR TOWN		COUNTY	STATE	_
1		22a. I certify that XI) (this hosp	ital) attended the	e deceosed from_	July	, 19_	84	to Ju		, 19.	84	hotXII (we) los	51
4		sow the deceased alive a obove, (IX.we) (did) (dXX	July 9	ofter death	84 , 01	nd that in (Xy) (our) op	pinion de	eoth occurred or	n the date and	d hour or	nd from the c	ouses stated	
-		22h STENATURE	1) 1			DEGREE					22¢ DATES		_
1	. /	+atrica-	of Bar	detch m	ID	ATTENDI PHYSICI	ING IAN 🔲	MEDICAL DIRECTOR	STAFF PHYSICIAN (5	7/10	0/84	
	(Patricia Bo	ofprinti	M D		220 ADDRESS	la Da	Plus	d Ral	ta M	m 0101	6	
-	230 0	BURIAL, CREMATION, REMOVA			NAME OF C	3900 LOCA		1231 LOCATIO		LU M	U 2121	0	=
1		(SPECIFY)		4				CITY OR 1	OWN		OUNTY	51AMD	
-	24 FL	Burial JNERAL DIRECTOR	7/13	/84 I C	rown	sville VA	CE a DATE		wnsvi		R'S SIGNA		_
		n C March	្ក/ម 1 1	O1 E. N	Jorth		JU	111	84 44	ie de	widon-	andalla	



5	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE & A	1 8	9 9 1
oy be	(379)	CEASED NAME FIRST	A. RI	CHA	RDSON	2a DATE OF DEATH MOI	17-84	620 M
A Part A	1.5€	* P	B	MONTH		35	MONTHS. BAT	
of the Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIEL WIDOWE	D DIVORCED	BALTIMORE CITY OR C	2 - C. A	MD.
s offer d	10. C	BUTING RE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		D OF BUSINESS OR
ly Filled in should be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltim	N I	136. INSIDE CITY LIMITS? YES K NO [13e STREET ADDRESS / ZI 5401 Sarr	il Rd.	21206
completely 1 and 2 sh	14. F	ATHER'S NAME William	T. Woolar	d	15. MOTHER'S MAIDEN NA/ Anna	WE	Spence	er
Poges 1	160	WAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (# YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 214 (44	733	Robert Ricl	hardson 540	1 Sarri	1 Rd.
quires that the death certifical signed by the ottending physical properties are collapsed to buried, cremotion, or removal livry, or other traumatic event.	z	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE TO TO THE TO THE TO TO THE THE TO THE	STA.	NOT RELATED TO THE TERM		OMA	ROXIMATE INTERVAL EN ONSET AND DEATH A CONTRACT OF THE CONTRA
he law re on. hos been t germit I ene prior	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20	DE IF YES, WERE FIN N CERTIFYING CAUS YES	IDINGS USED SES OF DEATH?
S PHYSICIAN: T theoding physics or the certificate the burdefrom and Mental Hyg and or then 18 at	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21a. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH D	19	21t. HOW INJURY OCCURE 21t. LOCATION STREET	RED (ENTER NATURE OF INJURY IN	COUNTY	STATE
OR ATTENDING OR ESTABLISH DIRECTOR After orbital for out or Displ. of Health If hern 21 is most		22a.l certify that (I) (this hosp saw the deceased alive or others, (I) (was (third) and many (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ot) view the body after death.	_	d that in (my) (our) opinion of	MEDICAL STAFF	22c. DA	the causes stated
O HOSPITAL ricined by 1 TO FUNERAL Libouid be def Lib the State MPORTANTI		220 PHYSICHAN'S NAME TYPE VVNBYAZA	FV-KEDDY			DIRECTOR PHYSICIAN		1 2/235
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			ore Cem.	23d LOCATION / CITY OR TOWN Baltimo:	re	MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	m. C. March	ADDRESS		25a. DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGN	Therese :



FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

TO BIRTHPLACE (STATE OR FOREIGN

ID CITY OR TOWN OF DEATH

BALTIMORE

Md 14. FATHER'S NAME

William

(YES, NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE

In WAS DECEASED EVER IN U.S. ARMED FORCES

3. SEX

130. STATE

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR

medical

ent, the

00

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FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYG	IENE 8	REG. NO.	-	8 9	9	2
EASED NAME	FIRST	٨	AIDDLE	Ł	AST		20 DATE OF	DEATH MON	ITH OA	Y YEAR	26 HOU	R
AF	RTHU!	R	T. RIC	CHARD	SON		JULY	13,	1984		8:	45 ₹
		4. RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRTHDA		UNCER I YEAR	IF UNDER	
male		black		Oct	- 8 ^{PAY}	1944		39	YRS.	NTHS DAYS	HOURS	MIN.
THPLACE (STATE OR FE	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMOR	E CITY OR C	OUNTY O	F DEATH	-	
N.C.		US	A	WIDOWE		MARRIED 😾	BALT	IMORE	CIT	Y		MD.
Y OR TOWN OF DEA	TH		HOSPITAL, NURSIN H FACILITY, GIVE STREET HOPKIN	ADDRESS)			120 USUAL O {TYPE OF WORK	CCUPATION FOR MOST OF WO	ORKING LIFE)	126. KIND C INDUSTRY	F BUSINE	SSOR
L RESIDENCE (IF NURSI TATE Md	NG HOME OR 13b COUN	ATY	GIVE RESIDENCE BEFOR 134. CITY OR TOW Baltimo	N	13d INSIDE YES 🎇	CITY LIMITS?	130.STREET A 634	DDRESS / ZII Main			222	
HER'S NAME		WIDOLE	Richa	rdso		r's maiden na/ inkie	ME	WIODLE		Sm	ith	
AS DECEASED EVER			16b. SOCIAL SECU	IRITY NO.	17 INFORM	TANT		ADDRESS				
NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-44-	2432	Pink	ie Ric	hardso	on 634	Ma	in St	reet	:
18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	nly ane cause per D BY TE CAUSE (a)	fan 3 to	1	al M	lemist	ion o	f Br	in		MATE INTER ONSET AND	VAL DEATH
Canditions, if any,		DUE TO, OI	Embol		strok	e				40	lays	>
cause (a), stating underlying cause	g the	DUE TO, OI	ALLERIC	OF M	Mo ca	udial	Infa	rction		3	Jeck	-S
PART 2 OTHER SIGN	HEICANT (penter		NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDITIO	ON GIVEN	N IN PART 1	0	

PART 2 OTHER SIGNIFICANT CONDITIONS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? non-e NO YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) STREET NOT WHILE

220 I certify than (1) (this haspital) attended the deceased from 84 saw the deceased alive an 100 (my) (aur) apinion death accurred on the date and hour and from the causes stated and that in abave, (1)(we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

7/17/84 Burial

Baltimore Cemetery Baltimore

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNA

DHMH - 16 50M 4/83 (VRA 15, 4)

North Ave March F/H 1101 E. William C.

COUNTY

STATE

Md



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH LIYPE OR PRINTS CHARLES **ANDERSON** RICHARDSON 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) Male 13 Black 19 70. BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U.S. Balto. City 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL. NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 7021 Lochlan Circle Balto. Journalist ISLIAL RESIDENCE (IF NURSING) ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13d. INSIDE CITY LIMITES? 13e. STREET ADDRESS Md. Balto 7021 Lachlan Circle 21239 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Arthur Anderson Richardson Jeanny 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 320-16-6976 Mrs. Nellie Richardson - Same as #13 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Liver failure IMMEDIATE CAUSE (a) Due to, or as a consequence of secondary to liver metastases Conditions, if ony, which gove rise to immediate couse (o, stoting the DUE TO, OR AS A CONSEQUENCE OF from colon cancer underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 0 21f LOCATION AT HOME, STREET FACTORY, OFFICE, FARM, ETC 1 CITY OF TOWN NOT WHILE 87 ZZ 80 22a.1 certify that (1) (this haspital) attended the deceased from 84 sow the deceased alive on_ __. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN [224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT E. George Elias, M.D. Univ. of Md. Hospital

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

Remova 1

23b DATE

7/6/84

230 BURIAL CREMATION, REMOVAL

ADDRESS

Balto., Md.

236 NAME OF CEMETERY OR CREMATORY

JUI 26 1984

23d LOCATION

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE Junia Davidson-Randelle

COUNTY

22c. DATE SIGNED

COUNTY

75 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

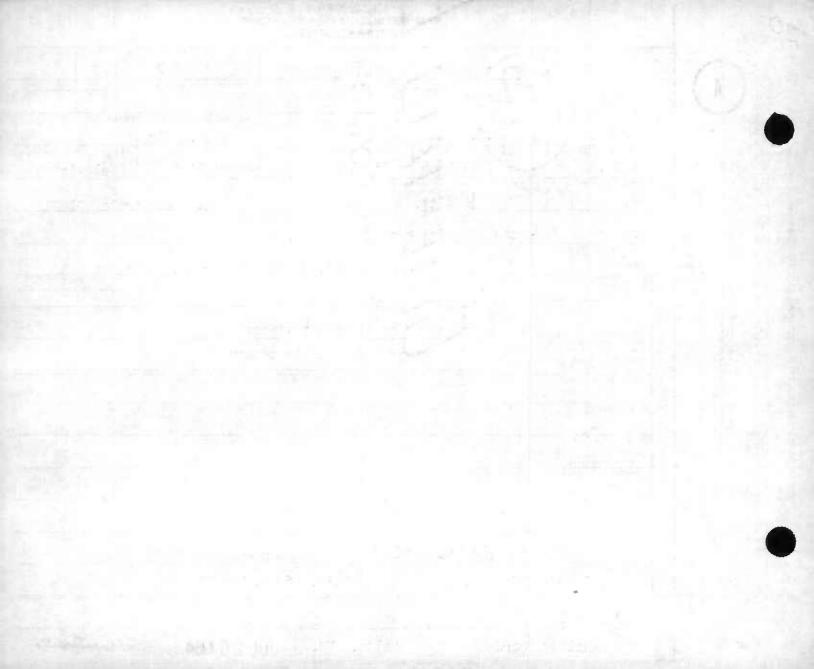
STATE

Television

84

INDUSTRY

IF UNDER 1 YEAR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME Charles 2a DATE OF DEATH MONTH 2b HOUR Eugene (TYPE OR PRINT) Jr. 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH aucasian 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED INDUSTRY HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? Waters 15 MOTHER'S MAIDEN NAME Deshong MIDDLE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10. rneumo thorax Conditions, if any, which gave rise to immediate cause lal, stoting the DUE TO, OR AS ACONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH NO YES [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Or L 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) Your) opinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. M. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF HYSICIAN DIRECTOR PHYSICIAM MPORTANT 22 HIYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 236-BURIAL, CREMATION, REMOVAL 23b. DATE Aug.1,1984 Cedar Lawn Mem.Park Hagerstown, Wash., Md. burial 24 FUNERAL DIRECTOMINNICH FUNERAL HOME 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 415 E. Wilson Blvd., Hagerstown, Md. 217406 (VRA 15, 4)

STATE OF MARYLAND

Boby Boy Michaelsen Male Contraction - at 17 at 18 Rottimer (B.B. west large with Laterack grades to Hospital in the victimization of the politic will follow the time to the contract of th Charles I Repardion Diane Education Julie Commence was Charles there THE PARTY OF THE P Colored Checker as X + Shalles

	REGISTRAR CEASED NAME	FRUT	.,,,,,,	MEGUE EXAMIN	1.6	st.	Za DATE KO	REG. NO.	Seith Day	V VEAR	Zh. HOUR
(199	E OK PRINT)	HIAWATE	IA E	LROY	RIC	CHARDSON	OF	ESTI-	7 28	19 84	
1.5E	E 4.87	ACE S	DATE OF BIRTH	THE RESERVE OF THE PARTY OF THE	MS IF UND		# 24 HRS. It. DATE	AO.	ATH DA		H HOUR
-1	Male B	lack	12 20 1		AT MONTHS	SMIS HOURS	MH PRONOUNC DEAD	ED	7 29	1984	a M
	RTHPLACE (STATE O)	5 . Sec. 19	CITIZEN OF WH	IAT COUNTRY?	A MARRIED	NEVER MAR	RIED .	RE CITY OR CO		DEATH	
M	aryland		U. S.		WIDOWE	D DIVOR	CED Baltin		-		MD.
/	mortownoso Saltimore		OF HOT IN SUCH FAC	PITAL NURSING HOM CARY GIVESTREE ADDRESS rington Rd.		EINSTITUTION	Truck Dri	AC TALE)	9	Independent	
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The V	WAS DECEASED EVE ES, NO. OR UNKNOWN)	CFTES, GNE WA	D FORCES? R OR DATES!	184 SOCIAL SECURIT	11/2	7. INFORMANT		ADD3825	Barri	ington	Rd.
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	27st I certify the death resulted fro ACTUAL SIGNATURE	A	Finit	Accident	Autopsx		Undetermined mon	nei 🔲.	DATE	7-29-8 21201	

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Laithearn, Maryland 21215

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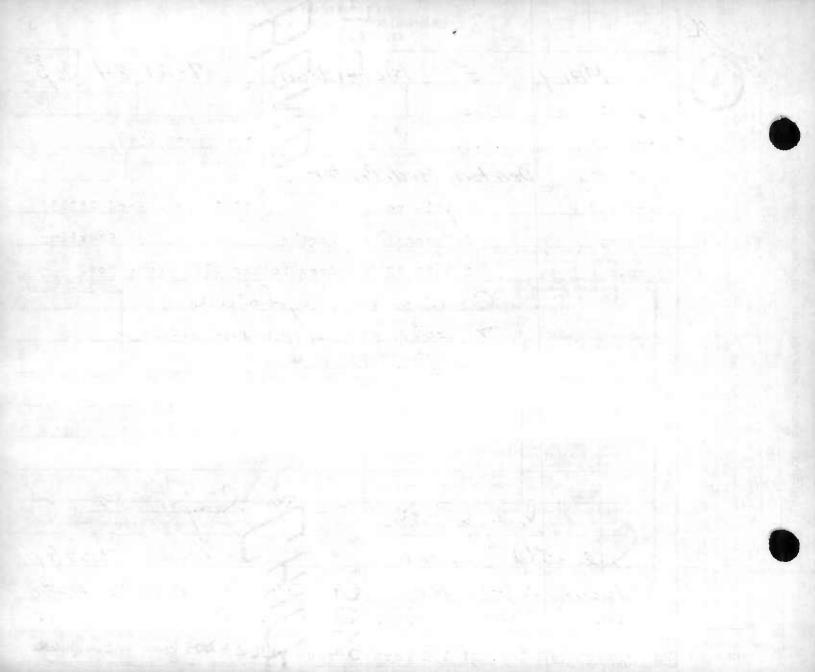
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STATE OF MARYLAND



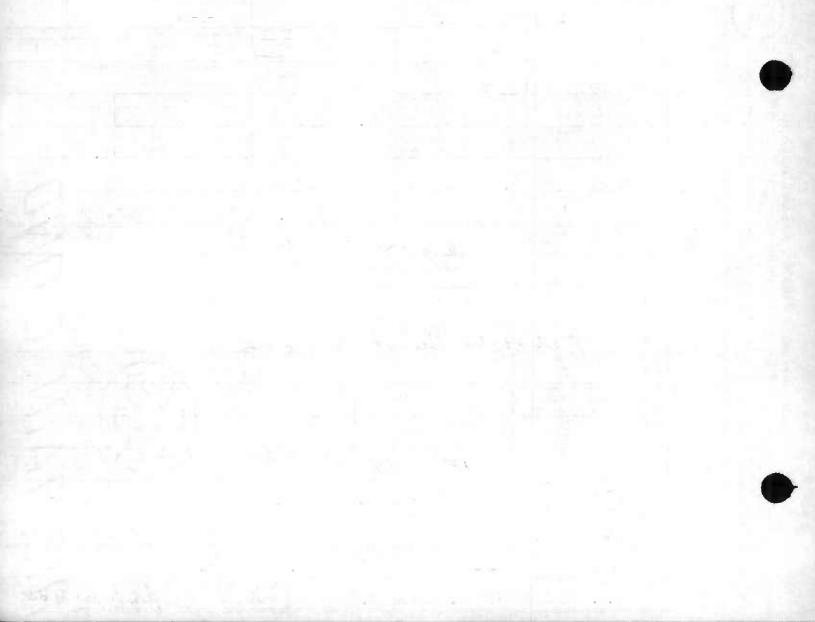
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the f	10:01	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		BUSINESSOR
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within d 2 s	IA FA	THER'S NAME	MIDDLE	AST	15 MOTHER'S MAIDEN NA/	ME	LAST	/
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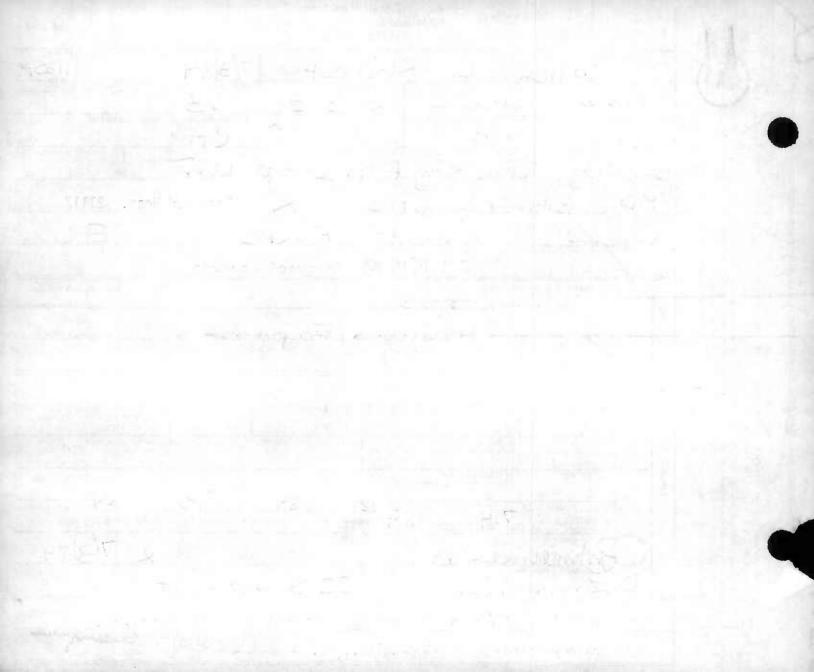
		1.1				STATE OF MARYLAND		
-		541	1-	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 REG. NO.	8 9 9 8
	R))/	I. DE	TEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR D
/	4 moy e for, page 3 ofter death	10	(TYPE	ROBERT	D.	RIEHL	July 10, 198	
	4 mo or, po	(3. SEX	Male	RACE	5. DATE OF BIRTH OCt. 3. 1941	1	FUNDER I YEAR IF UNDER 24 HRS
	oge	170	2 21		White			
	orh. P	oly)	(OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	Baltimore CITY OR COUNTY Baltimore	
	fund fund	3/11		ry OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	12- USUAL OCCUPATION	TALL MINIT OF BUSINESS OF
10	s ofte	31	B	altimore F	rancis Scot		(TYPE OF WORK FOR MOST OF WORKING LIFT Carpet Mecha	E) INDUSTRY RICE
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AND	in 24 y fille hould	2		Md	Baltin		3444 Levert	on Ave. 21224.
MARYLAND	d with	No.		THER'S NAME FIRST AND MILE MILE	Riehl. Jr.	15. MOTHER'S MAIDEN Amy	V. MIDDLE Per	kna
	ecute 2 - 2	00	16a V	AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SEC		ltimore, ADDRESS Md	
BALTIMORE	Pogo .	medi	10	POORUNKNOWN) 1967-	68 DATES) 218-36-	-6482 Mrs. Amy	V. Riehl-3444	Leverton Ave.
BALT	ote b	t, the		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), o	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	g phy on po	even		PART I. DE ATH WAS CAUSED IMMEDIATE		OPD		
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REST	deo nove	troom		Conditions, if ony, which gove rise to immediate	(b)	ing Concar	(6)	
Α.	of the	ther		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	JENCE OF		
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RDS,	sign Then	Collui	NO					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	1 17	10	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
ALR	The con-	1/	RTIF				YES NO YE	s NO
FVII	physical phy	17		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
0	75K Fing Surial	47	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	211 LOCATION		
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	All Policy and All Po	21 19				//	nion death occurred on the date and hou	and from the couses stated
	S Post	-	19	27b. SIGNATURE	1,	DEGREE		22L DATE SIGNED
	TAL 7 Th 7 Th 7 Th 7 Th 7 Th	7		C. J. S.		ATTENDING PHYSICIAL		711/89
	d bed by	ORTA/		22d. PHYSICIAN'S NAME (TYPE OR P	PRINT)	220. ADDRESS	" W 1 x /	
	of or	W		FO/REM!			y Haspilal.	
	BP			URIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
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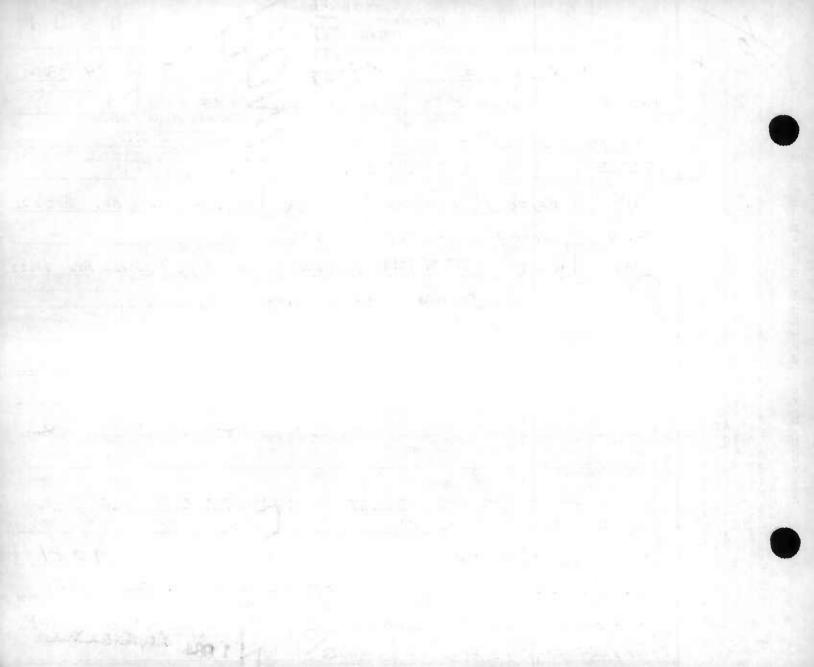
2. 91. Lecano	FOR - STATE REGISTRAR	DEP	ojo state of maryland artment of health and mental hy CERTIFICATE OF DEATH	REG. NO.	8 9 9 9
	DECEASED NAME FIR		RIGBY	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
15	LC SEX	NORA L.		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	BLACK	5. DATE OF BIRTH 1911 MONTH DAY YEAR 198	72	MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGH	N 76 CITIZEN OF WHAT COUN			
	MARYLAND CITY OR TOWN OF DEATH	US NAME OF HOSPITAL N	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	CITY 120 USUAL OCCUPATION	MD.
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oluo (M)	MARYLAND	BALTI		3313 LEIGHTO	N AVE. 21215
ond 2 sh	FATHER'S NAME	MIDDLE LAS		AME	LAST
1 2 2 2	JAMES WAS DECEASED EVER IN U		ERRY GENESTA SECURITY NO. 17 INFORMANT	ADDRESS	REED
Poge		(ES, GIVE WAR OR DATES)	MILLY R. W	ILKINS 3901 BA	RRINGTON RD. 2120
rial-transt permit. Their please remave ental Hygene prior to burial, cremation them 18 shows any injury, or other transfer to the transfer to	PART 2. OTHER SIGNIFIC	DUE TO, OR AS A CONSIST (c) ANT CONDITIONS CONTRIBUTING 19b. CONDITION FOR W	G TO DEATH BUT NOT RELATED TO THE TER LAST CALAINEM (HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
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retained by the retained by the should be det with the State	Davis	M. Hahn	5601 ho	ch Maven	Blud 21239
₹ ₹ 230	BURIAL, CREMATION, REM	OVAL 236. DATE 7-6-84	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMT.	BALTIMORE	COUNTY MARYLAND
- 16 50M 1/76	FUNERAL DIRECTOR NAME E.L. PHIL	LIPS 1721 N. MO		ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE



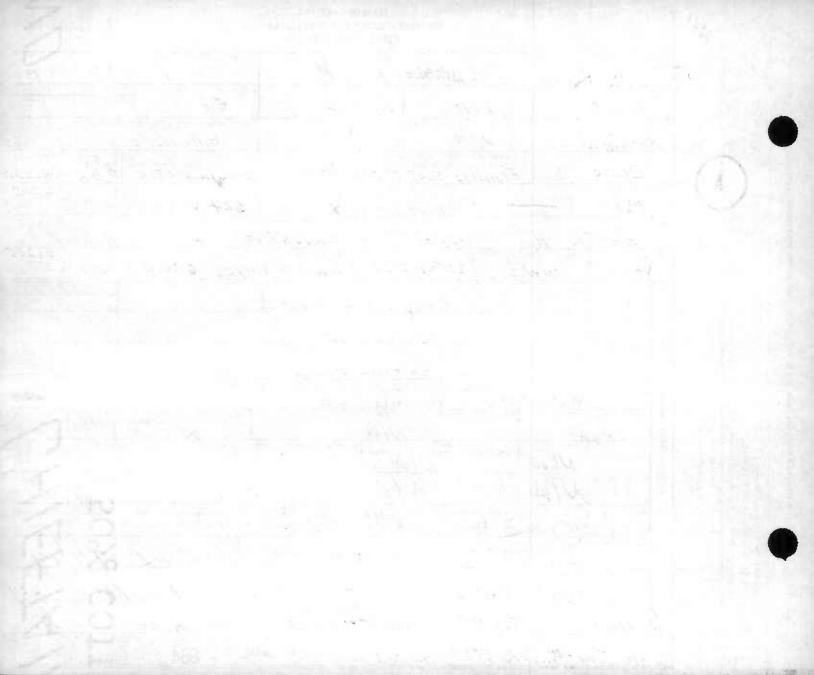
			STATE OF MARYLAND
0 1	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH
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hystola papers loval ent, the		PART I DEATH WAS CAUSED B	
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BALTIMORE CITY BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTO B	AS			76. CITIZEN OF WH	AT COUNTRY? 8	ED ANEVED MARRIED	9 BALTIMORE CITY	R COUNTY OF D	EATH
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SSALT INDRE VAME LOCH RAVEN BLUV. BALTO RETIRED	3012			11. NAME OF HOS	PITAL, NURSING HOME				
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HEATHERS NAME JEANNE MODIT J	教人	USU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 1136 CO	OR OTHER INSTITUTION, GIVE		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
15 MOTHER'S MANNE 15 MOTHER'S MADDEN NAME 15 MOTHER'S MADDEN NAM					1				10. 2122
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220. I certify that (K(this hospital) attended the deceased from JUNC 1, 19 984, to JULY 2, 19 84, that (K(we) lost saw the deceased alive and JULY 2, 19 84, and that in thy) (our) apinion death accurred an the date and hour and from the couses stated above. (14 we) (did) (did hot) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	Fea	1		DEATH					
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DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	.8		ZZO. I certify that (M.(this ho	Tulu 9	GA				
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PHYSICIAN DIRECTOR PHYSICIAN DIR	te ±	1	22K SIGNATURE			DEGREE			124 DATE SIGNED
230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECES) 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECES) 231. FUNERAL DIRECTOR NAME: ADDRESS 232. ADDRESS 233. DATE REC'D. BY REGISTRAR 256 REGISTR	= /	,	DI	x11 m	D				1-2-84
236. NAME OF CEMETERY OR CREMATORY 136. NAME OF CEMETERY OR CREMATORY 136. LOCATION CITY OR TOWN COUNTY STATE ADDRESS 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE COUNTY STATE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Z	1	221 PHYSICIAN'S NAME (117)			***		1	1001
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BURIAL 7/6/84 OAK LAWN BALTO MD. 24. FUNERAL DIRECTOR NAME: ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	MA -					CEMETERY OR CREMATORY		4 500	INTY STATE
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146	1	FOR	DEPART	STATE OF MAKTEAND MENT OF HEALTH AND MENTAL HY	GIENE H 4-1	19002
ta	Ľ	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
page 3		CEASED NAME FIRST ROYUN	and LAWRENCE	Rinnel	20. DATE OF DEATH MON	- 6.84 725
s ofter d	3. SE	MALE	1. RACE White	S. DATE OF BIRTH MONTH SCPT. 18, 1919	6. AGE (IN YEARS LAST BIRTHDAY	FUNDER TYEAR FUNDER 24 HRS
1635	1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	
	10. C	BALTO.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET FRANCIS SCOT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO CAR INSPECT	RKING LIFE) 126. KIND OF BUSINESS OF
24 hou		AL RESIDENCE (IF NURSING HOME OF TAKE)	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS ROLL	bINSON ST 2128
complerely	14. F	WAITER H	MIDDLE RIPPEL	15. MOTHER'S MAIDEN NA FIRST ERHCS TI		HORKY
on and co		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) V/Z 2/5-0/-		Rippel 6241	N. RobINSON ST
that the death certificate d by the attending physic ease remove carbon pape ial, cremation, or removal ar other traumatic event, th		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Manaun	· ·	
been signer mit. Then pl prior to buri any injury, o	ATION		stretic Pros	DEATH BUT NOT RELATED TO THE TER/ COLUMN CA OPERATION WAS PERFORMED		DN GIVEN IN PART 110
The lo	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	N/A 121c HOW INJURY OCCUP	YES NOW	CERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: Iding physical properties of the properties of the physical physi	MEDICAL C	OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMPLES	HOUR A.M. MONTH D	YEAR 19 211 LOCATION	NA	
or attent After the e as the l ofth and marked a	WE	WHILE NOT ATH AT WORK		STREET 19 19	N/A CITY OR TOWN	COUNTY STATE
ATTENIOS OSPITOI OSPIT		snw the decended abus no	_ / /	D-181	death occurred on the date o	nd hour and from the causes stated
the the ceraci		22d PHYSICIAN'S NAME (TYPE	KAT2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	-1 7/1/10
TO HOSPITA retained by TO FUNER, should be d with the Sto	22-	Stuart	- Katz	4940 R	aftern Au	e BALTO ZIZZ
BP	13	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BAITING	
OHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	JNERAL DIRECTOR WAND THEY MILL	1/er 7527 HAP	GRA Rd 250 DA	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

-	- STATE REGISTRAR	OLI AKI	CERTIFICATE OF DEATH	REG, NO.	, 0 0 0
	I DECEASED NAME FIRST (TYPE OR PRINT)	in G.	Rosert	20 DATE OF DEATH MONTH OA	V YEAR 26 HOUR 8 20 PM
	3. SEX	1 RACE Caretsian	5. DATE OF BIRTH MONTH DAY YEAR 3 24 24	60 YRS.	UNDER YEAR IF UNDER 24 HRS.
7	WASKAD.C.	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED WIDOWED DIVORCED □	BALFILLORE	MD
2	BACTOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	Anyland	(1) SUAL OCCUPATION (1) PARTY (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	126. KIND OF BUSINESS OR INDUSTRY
)			WA PK YES NO NO	130.STREET ADDRESS / ZIP CODE	21146
)	14. FATHER'S NAME HOWA	mod Gottill	eb Margaret	The Course	Murfin
1	160: WAS DECEASED EVER IN U.S. AI (YES, NO OF UNKNOWN) (# YES, GI	RMED FORCES?	WALTER S	Romeh Jr. #	13
	PART I. DEATH WAS CAUS	TE CAUSE 10) DUE TO, OR AS A CONSEQU	is pulmany areat		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH The state of the state o
1 - 7	PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 7 4 8 4 7 7 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	196 CONDITION FOR WHICE I LE LOS STATES 216. TIME OF INJURY HOUR A.M. MONTH	THE OPERATION WAS PERFORMED THE OPERATION WA	200 AUTOPSY? 200 IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?

21d. INJURY OCCURRED 220.1 certify that (i) (this haspital) attended the deceased from

21s. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

10

211 LOCATION

CITY OR TOWN

COUNTY STATE

that (1) (we) lost

226. SIGNATURE

DEGREE m. D

ATTENDING PHYSICIAN

MEDICAL

22c. DATE SIGNED

77d PHYSICIAN'S NAME (TYPE OF PRINT)

Schlegel

DIRECTOR PHYSICIAN 77e. ADDRESS

BAct, and ZIZO

DHMH - 16 50M 4/83

O HOSPITAL

and Mental Hygiene prior to burial,

morked or Item 18 shows ony

MPORTANT: If Hem 21 is

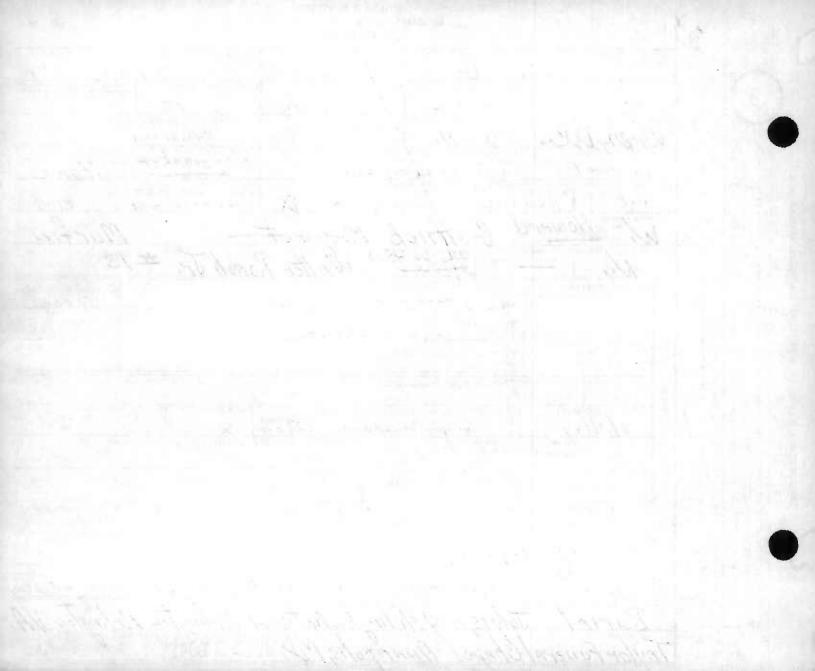
(VRA 15, 4)

23m BURIAL

236 NAME OF CEMETERY OR CREMATORY

and that in (a) (our) opinion death occurred on the date and hour and from the causes stated

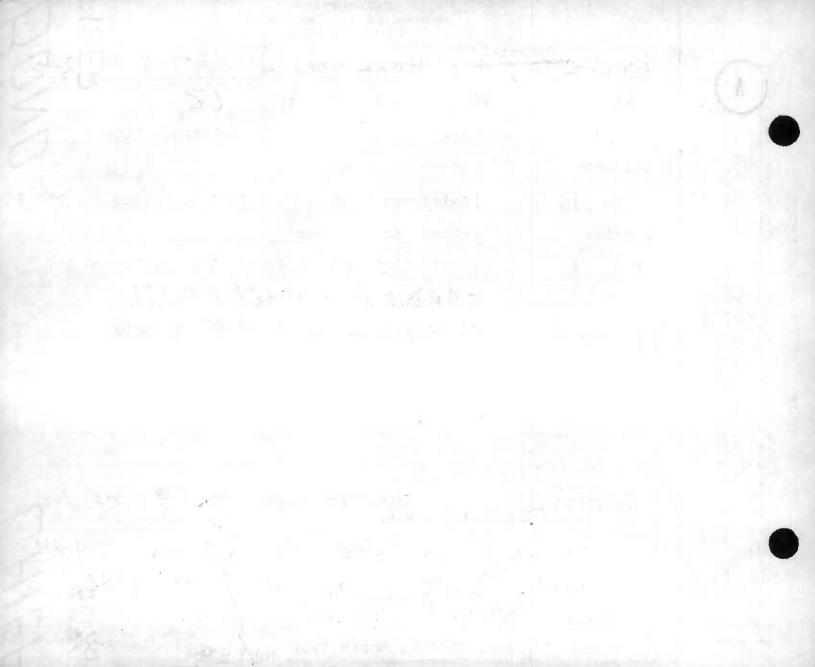
STAFF



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



STATE

HEGISTRAR

Motenny 13e STREET ADDRESS / ZIP CODE Albert PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) ppinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Baltimore (Woodlarn Cemetery BP. %so. DATE REC Baltanys Md., 21225 137 Patapsco Ave. DHMH - 16 50M 4/83 Mo ully Funeral Homes (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

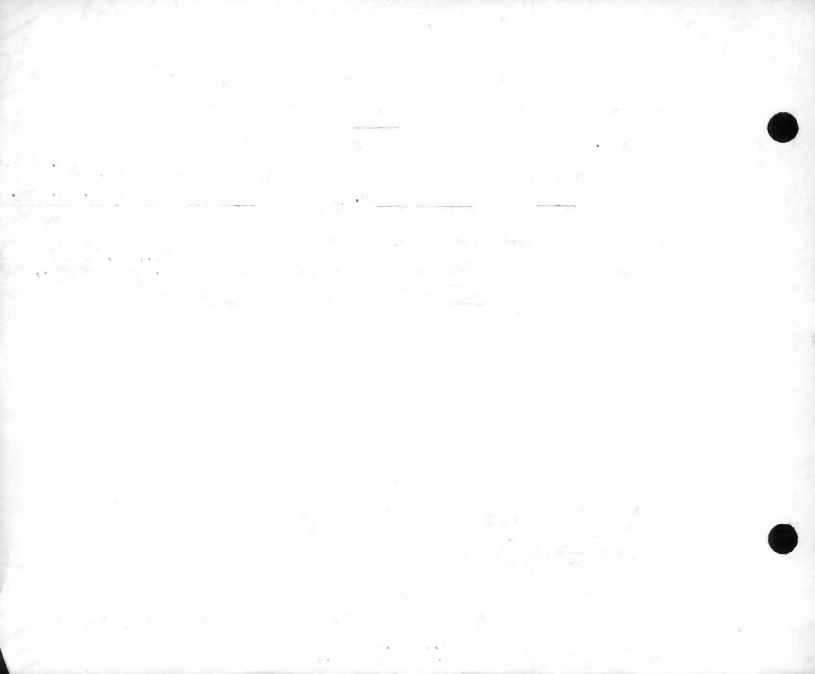
CERTIFICATE OF DEATH

REG. NO

2b. HOUR

IF UNDER I YEAR

INDUSTRY Ret.



STATE OF MARYLAND

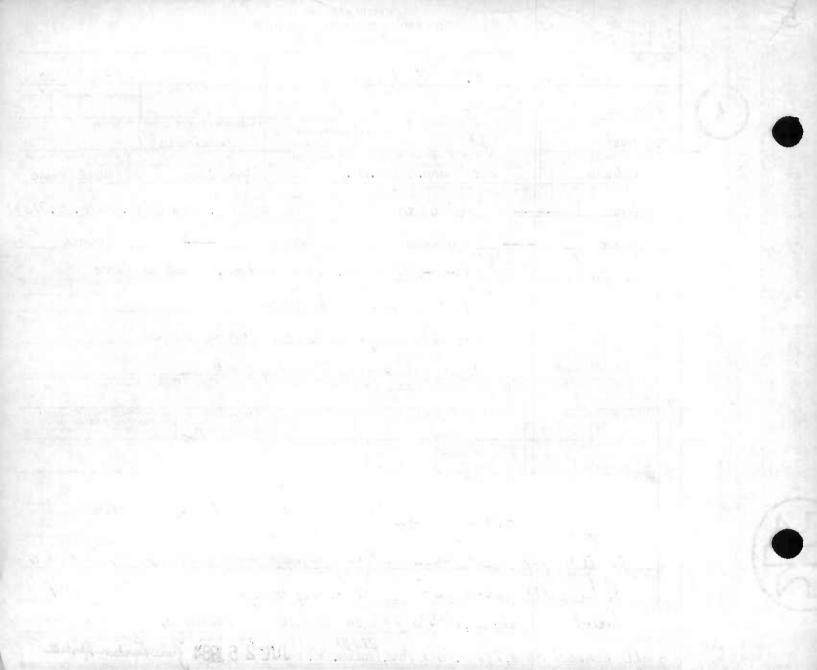
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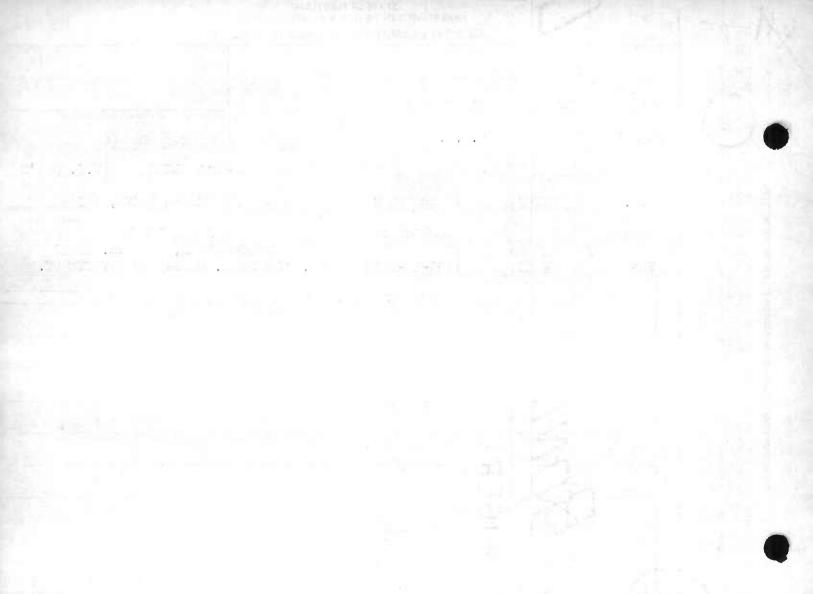
FOR



	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	0	19008
		REGISTRAR			REG. NO.	
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	Ze DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be 3	1	Jane	5 G. R	obison	7/	24/84 7:300
noy	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2 HRS
(2ta)	1	Male	White-	MONTH DAY YEAR	7.3 yrs	MONTHS DAYS HOURS MIN.
obod (SA				2 20 11	- 1115	
2 2/	/d. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
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in and and and and and and and and and an	110 C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION		126. KIND OF BUSINESS OF
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o e e	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR			
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d 2 sh	1		MIDDLE	FIRST	WIDDIE	LAST
comple I and		Issac	Robiso	n Anna		Powell
es de es l		WAS DECEASED EVER IN U.S. AR			ADDRESS	
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DING P or after the e as the alth and marked	1	AT WORK NOT WHILE				
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OR ATTEN OR ATTEN DIRECTOR sched for up Dept, of He		sow the deceased alive an	7/24 191	3 4 , and that in (my) (our) opin	nion death occurred on the date and t	
R ATTEN haspital RECTOR hed for u	-	abave, (I) (we) (did) (did no	t) view the body after death.	DEGREE		22c. DATE SIGNED
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retained by to FONERAL should be defined by with the State	20	1/4/92/		1. eag	103/11/20 150	010,100
	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	COUNTY/A / STATE
BP		Burial	July 28, 1984Ho	ly (ross (emeter	ry Baltimore,	Maryland
Dilati 14 FO44 4 (CC	24 F	UNERAL DIRECTOR		21220 250	DATE REC'D. BY REGISTRAR 256 REG	
DHMH - 16 50M 4/B2 (VRA 15, 4)	M	Cully Eunopal +	Home. 130 E. Fort	Ave. Balto. Md.	JUL 2 5 1984 Felia	Davidson-Mondelle
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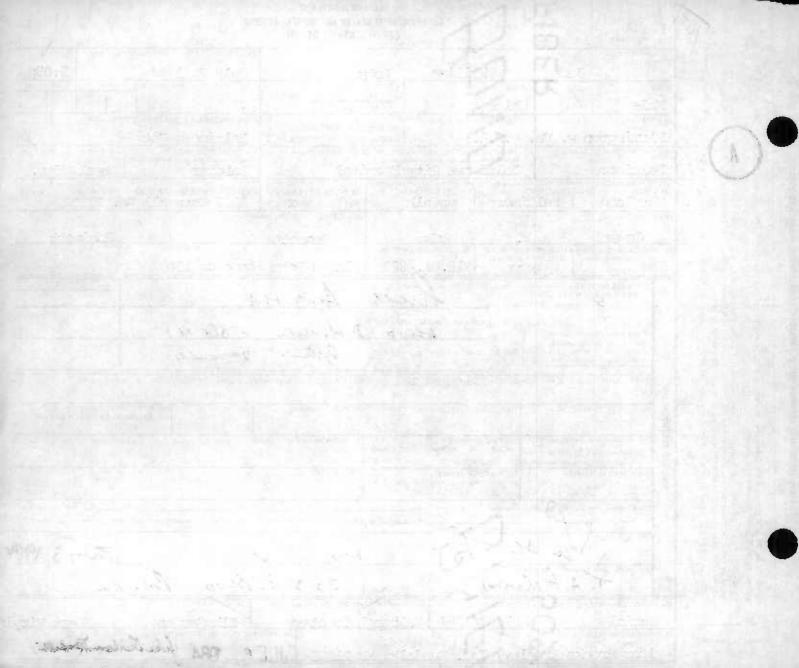
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 28. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-DEATH MATED 25 19 84 JOHN RODRIGUEZ 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 25 10 84 DEAD MALE WHITE 08 19 24 59 RIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) □ | Baltimore City, PENNSYLVANTA U.S.A. WIDOWED [DIVORCED IR CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 17b KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Baltimore 301 W. Lombard St - Holiday Inn POSTAL CLERK U.S. GOV'T USUAL RESIDENCE (IF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE OUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BUCKS 150 CIRCLE DRIVE PA CHALFONT YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST VICTOR RODR IGUEZ UNKNOWN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT CONSHOHOCKEN ADDRESS 146 SOCIAL SECURITY NO. PA. 19428 (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW II 206-16-9330 MRS. WILLIAM A. MOORE 708 FAYETTE ST. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY ANCAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 71n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK X 22a I certify that I to remains are bed abave, held an Autopsy Inspection and in my apinion Hamicide Undetermined manner THE (SPECIFY) M Deputy ChiefMEDICAL EXAMINER SIGNED_7/26/84 SIGNATURE PAGE A TO FUN AFRED I EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMOVAL/BURIAL 07-30-84 ST. MATTHEW MONTGOMERY PA. 24 FUNERAL DIRECTOR BALTO, MD. 250 DATE REC'D. BY REGISTRAP 1256 REGISTRAR'S SIGNATURE 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

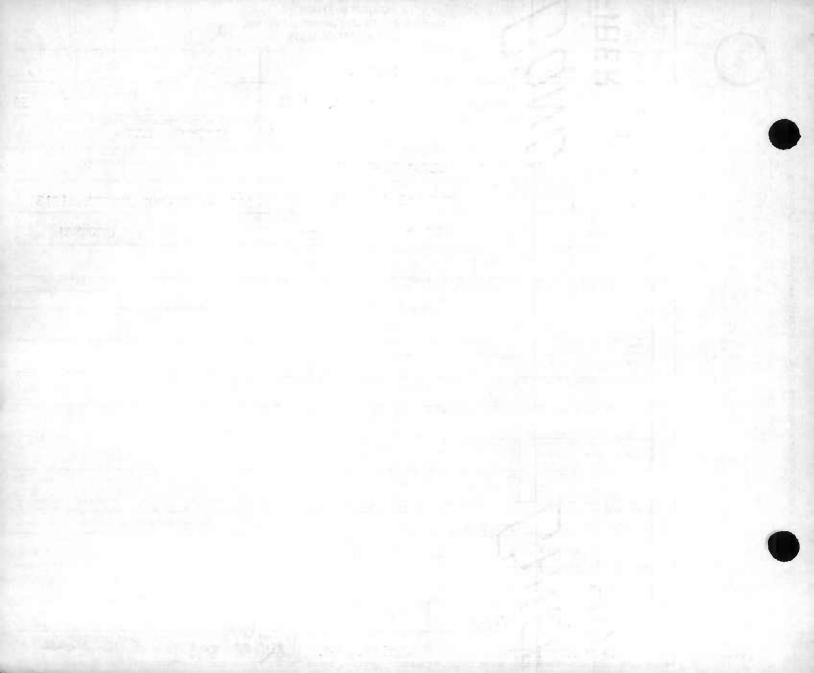


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James William Rotm Jorder of Renth Jor	104	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	IENE B 4).	9 0	1 1
James William Rohm July 2, 1984 5100 JSEX MALE Male White W					MIDDLE	t	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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18 CAUSE OF DEATH LENIER only one cause per line for 101, 85 And 101.	ojco 2		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT				CCC
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236. Burial 07/09/1984 Kalbaugh Cemetery Elk Garden, West	II. If Hem			AL	To -		ATTENDING PHYSICIAN			22c. DATE	SIGNED
236. Burial, Cremation, Removal 136. Date 136. Name of Cemetery OR Cremations 136. Name of Cemeters	PORTAN		22d. PHYSICIAN'S NAME (VA)	1			22 address /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	Blus	Bne	To us,	
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ental Hygiene prior to burial, cremation, or

MPDRIAMT: If Item 21 is marked or Item 18 ult be detached for use as the butter and the State Dept of Health and M

within 24 hours of

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CE	RTIFICATE OF DEATH	REG. NO).	
T. DECEASED NAME		S Re	osewag	July 12,	1984	2b HOUR
Male Male	4 RACE White		ONEMber 9, 1914	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	# UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATEORFO	7b. CITIZEN OF W		ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY OF Baltimore		M
10 CITY OR TOWN OF DEA Baltimore	11. NAME OF H 5405 PI	OSPITAL, NURSING HO FACILITY, GIVE STREET ADDRE AINTIELA AV	OME OR OTHER INSTITUTION VE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Capt Fire		of Business or imore Ci
USUAL RESIDENCE (IF NURSI 130. STATE Maryland	NG HOME OR OTHER INSTITUTION, C 13b. COUNTY	GIVE RESIDENCE BEFORE ADMIT 131. CITY OR JOWN Baltimore		13. SIREET ADDRESS./ 5405 Plair	ZIP CODE DFIELD Ave	21206
14. FATHER'S NAME Walter	$\stackrel{ ext{ iny MPDLE}}{E} R$	cosewag	Cecilia	MIDDLE	Wolf	\ST
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	213-01-21		sewag	Same As 1.	3e
PART I. DEATH W.	(Enter anly ane cause per l AS CAUSED BY: IMMEDIATE CAUSE (a)	mis Cus	ind where	tin	APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
Conditions, if any, gave rise to imm cause (a), stating	which (b)	AS A CONSEQUENCE	TOF arline sales	Lee C-V.6	Desert no	typa
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TO FUNERAL DIRECTOR: After the hospital

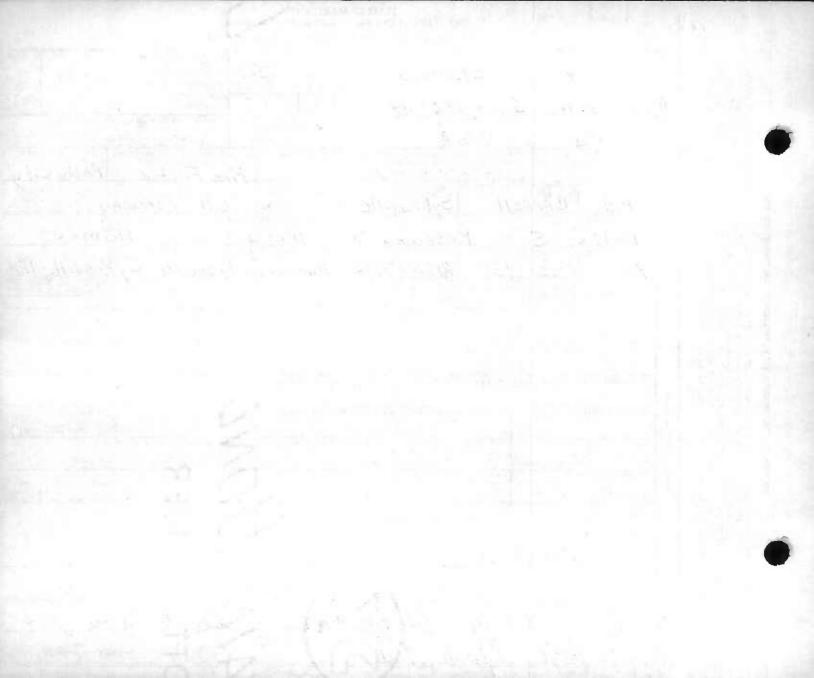
OR ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J Ruck Inc. Baltimore, Maryland



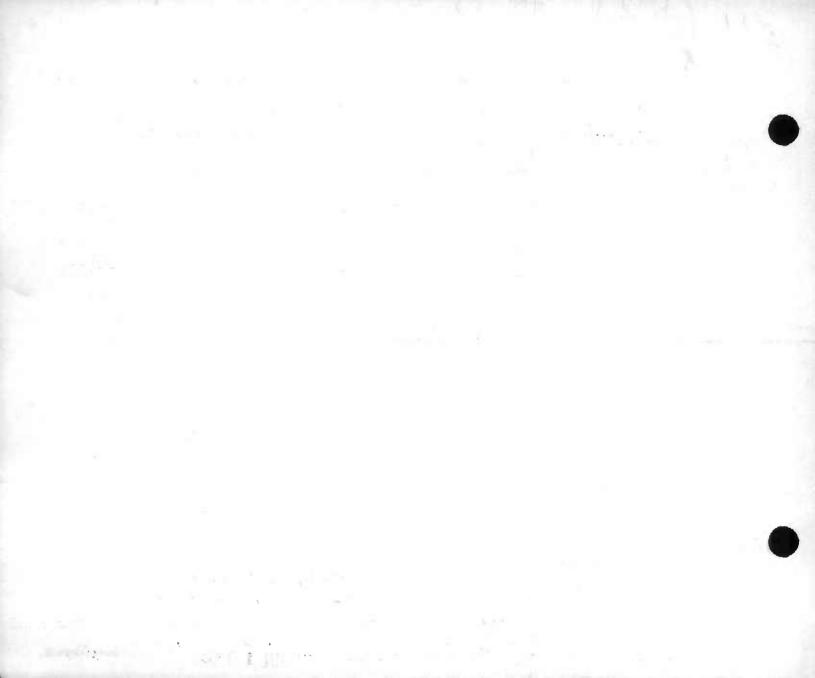
1		STATE OF MARYLAND	
(X)		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS STATE	9 0 1 5
13°		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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A SES	1		YMAN
BALTIMORE, MD. 21201 SA AFIER DEATH. IF ANY GIVE PAGES 1, 2, AND 3. VITH FORM PM 3. RETA PAGES 10. SEFOUIT	I ba. V	ASS NO OBJUNIVACIONALI LIEVES CASE WAS OBDATES	1, 11 011
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T., BAL' DURS AF WITH WITH PAG		18 CAUSE OF DEATH (Exter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIV THIS CI WRITH WARDE VARE DI TATE DI 21201	Z	White X NOT WHILE	COUNTY STATE
DIVISI DIVISI CATE, WRITING FORWARDED FOR PAGE 3 SI INE STATE DEP			Balto. City, Md
PAS	1	270 I certify that I took charge of the remains described above, held an Autopsy 🐰 . Inspection 🖟 . Inquiry 🔲 , and in my	apınıan
	4	death resulted frem: Natural causes Accident X. Suicide Hamicide Undetermined manner,	
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2 = 3 = 3 = 5 = 5	1/		
TIN ON THE OWNER	4	EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto.,	Md. 21201
TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH	73	IUSIAL CREMATION, REMOVAL 735, DATE 735, NAME OF CEMETERY OR CREMATORY 734 LOCATION	
	6	18-1-84 Late V. Jan + 100 1 1 /100	WALL DIVINUS
BP	121	UNIFICAL DIRECTOR . 1250 REGISTRAR 250, REGISTRAR 2	S SIGNATURE
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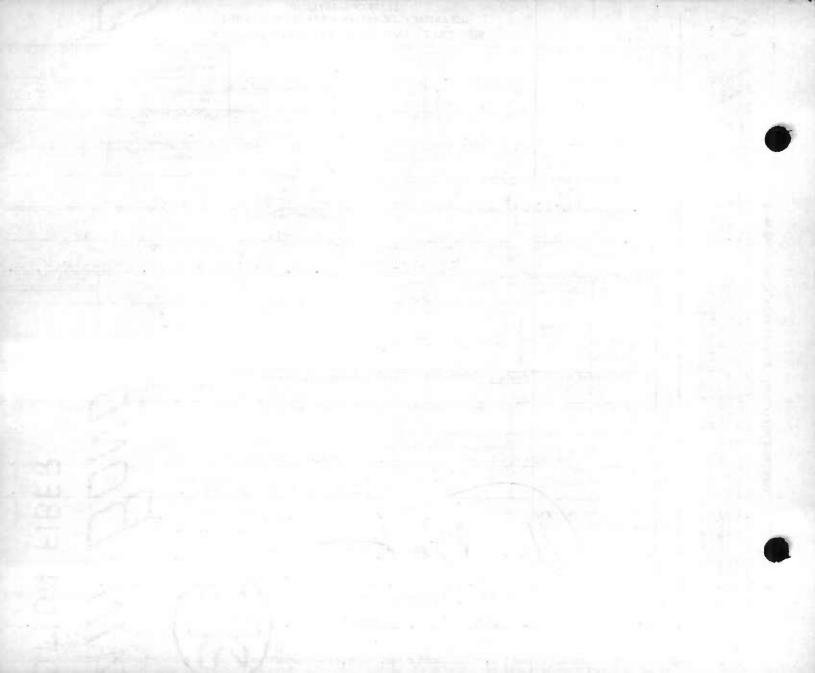
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME TO DATE KNOWN TO MONTH 2b. HOUR (TYPE OR PRINT) ESTI-IS NECESSARY, PIEASE
E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIM 72 HOURS
I W, PRESTON STREET, DEATH MATED James Rost 21 19 84 6. HACE AGE (IN YEARS | IF UNDER) YR 3 SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY PRONOUNCED 8:50 DEAD 19 84 White Male 1 3 YRS W BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City FILED, W Maryland USA AND 3 TO THE FI RETAIN PAGE 5 SHOULD BE FILED, 18. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 18. GIVE PAGES 1, 2, AND 3 TO II WITH FORM PM 3. RETAIN PA MIT. PAGES 1 AND 2 SHOULD BE FI E, DIVISION OFWIAL RECORDS, 2 Baltimore Francis Scott Key Medical Center Student USUAL RESIDENCE (IF IN NURSING BALTIMORE, MD. 21201 130 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [NO W 19211 Falls_Road amnstead 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1, ORM PM MIDDLE MIDDLE EAST Patricia 17. INFORMANT Zidar McKinley Rost 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS LYES NO ORLINKNOWNI (IF YES, GIVE WAR OR DATES) 220=78-4775 Mr. C. McKinley Rost. Hampstrad 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 201 W. PRESTON ST., ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thermal burns IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES [NO X 3 SHOULD BE UDEPARTMENT 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR XXXXMONTH DAY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 0 UNDERLYING XXOR YEAR MEDICAL 2:30 M 2019 84 0 21201 PRIOR Sustained burns CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P FACTORY, FARM FTC 1 STATE COUNTY NOT WHILE AT WORK 19211 Falls Rd. Balto. Md. darage AT WORK Inspection X Autapsy 220 I certify that I to abave, held on Inquiry and in my opinian BE death resulted fram Hamicide Undetermined manner SHOULD HILE (SPECIFY) ACTUAL M Deputy ChiefMEDICAL EXAMINER 7/22/84 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 73r NAME OF CEMETERY OR CREMATORY COUNTY STATE BP Burial 7-24-84. Peter's Hampstead 24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) Funeral Home, Hampstead 20M 4/82



7922 Wise Avenue, Dundalk, MD

M IDDI B

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

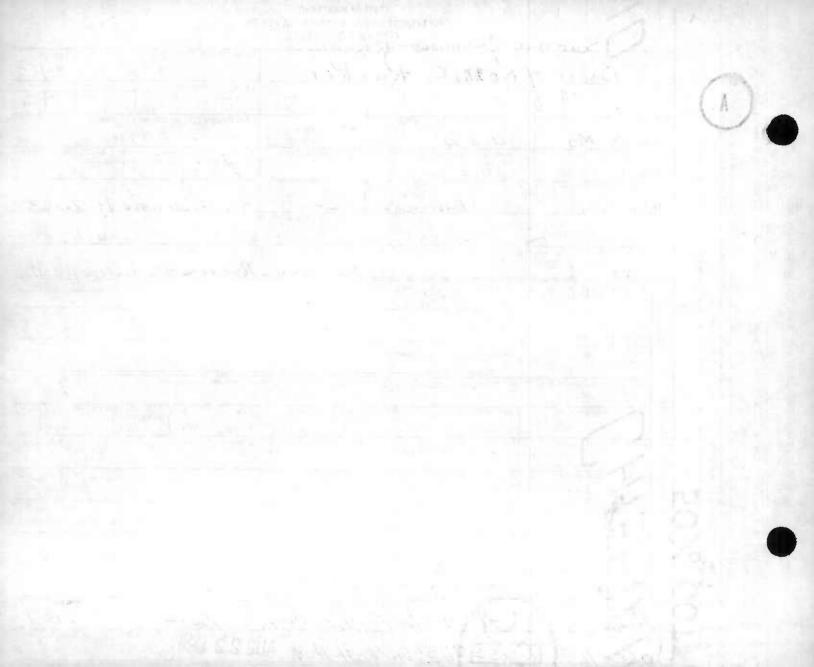
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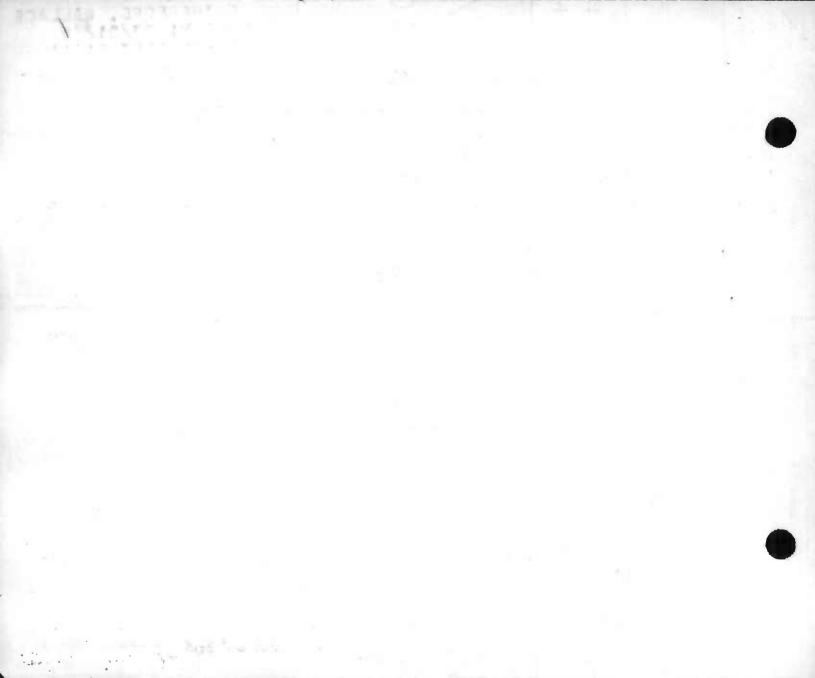
REG. NO 28 DATE OF DEATH 2b. HOUR 1984 8:00AM IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 2522 West Woodwell Road Bryant Same as Line 13e APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES [COUNTY STATE 77: DATE SIGNED Balto Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE a Davidson- Gando De 1111 2 4 1984

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	MIU	13	30 84		YRS.	19
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0 . /	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT INJSUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 426. KIND O F WORKING LIFE) INDUSTRY	F BUSINESS OR
37 E		rovident Hazzutal	/	PAbu		
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er tro	gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQUENCE OF				7.44
othe	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
5	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 11	2 '
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S on	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	
Sw 9				YES NO	YES	NO 🗌
8 shaws any injur	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)	
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	wn COUNTY	STATE
X X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	ZINCE	CITOKIO		
Morked	220.1 certify that (1) (this hospital)	attended the deceased from	7-30 19 81	L. 10		that (I) (we) last
5 1 1			nd that in (my) (our) opinion	death occurred an the do	ate and hour and from the	causes stated
	22b. SIGNATURE	lew the body offer death.	DEGREE		22t. DATE	SIGNED
E		4	ATTENDING PHYSICIAN	MEDICAL STAR	7-3	0-84
100	Glasia S.	Down And Pa		J DIKECTOK LJ PHISIC	IANEX	
ž	Hlana A.	Donnie me	22e ADDRESS	- 1		
-		1	2600 hilu	Ty Rd;	2/7/5	
MPORTANT: IF	GLORIA S.	DOMINGO, H.D	2600 hilu	Ty Rdi	2/2/5	
MPORTANT: IF	GLORIA S.	DOMINGO, M.D	2600 hilu	23d. LOCATION	2/2/5 G COUNTY	m: STAIN
MPORTANT 330	GLORIA S.	DOMINGO, H.D	220 ADDRESS 2600 high CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	2/2/5 COUNTY	mil.



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STATE OF MARYLAND

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Dabrowski & Son 2818 E. Baltimore St.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR					REG. NO			
	CEASED NAME FIRST	٨	AIDDLE	L	AST	20. DATE OF DEATH M	AONTH DAY	YEAR	26 HOUR
	BLANC	HE		S	ACKS	JULY 6,	1984		2:13 A
3 SEX	x FEMALE	4 RACE WHITE	3	S. DATE C	T. 17 1904	6 AGE IN YEARS LAST BIRTH	MONT		HOURS MIN
3	RTHPLACE (STATE OR FOREIGN OUNTRY) VIRGINAA	US		WIDOWE		9 BALTIMORE CITY OR BALTIMO	COUNTY OF	DEATH Y	^
F	BALTIMORE	(IF NOT IN SUC	SINAI HOS	SPITA	drother institution L	12d USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF EMPLOYEE	WORKING LIFE)	I . R	S.
13a S	AL RESIDENCE (IF NURSING HOME O STATE MARYLAND	R OTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 130 CITY OR TOWN BALTIMOR	ADMISSION)	13d. INSIDE CITY LIMITS?	500 W. UNIV	AP'	T. 4K	1 1210
4 FA	JACOB	S.	SÄCKS		15. MOTHER'S MAIDEN NA.	AMIDDLE		SUSS	
160 W	VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	215-05-64			SS ZELDAASAG • PKWY., BA		T. 4K D 2	1 1210
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DHMH - 16 50M 1/76 (VR A 15 (4))

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215



FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

1600 IF UNDER I YEAR IF UNDER 24 HRS

26 HOUR

BALTIMORE CITY OR COUNTY OF DEATH

26

12b. KIND OF BUSINESS OR

STATE

STATE

ROOFING

13e STREET ADDRESS / ZIP CODE

8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (b), and (c). BY CAUSE (a) RESPIRATORY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IN CERTIFYING CAUSES OF DEATH? YES [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

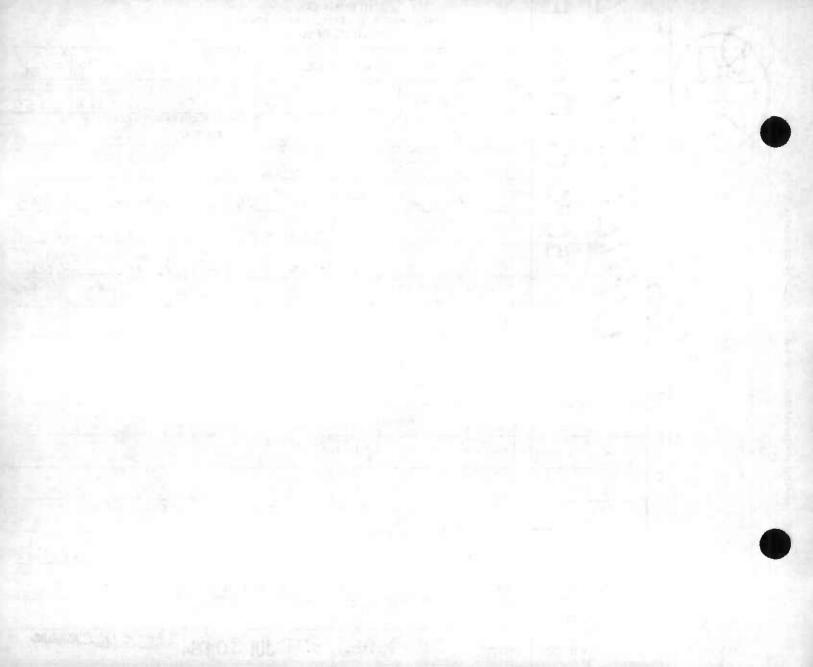
COUNTY

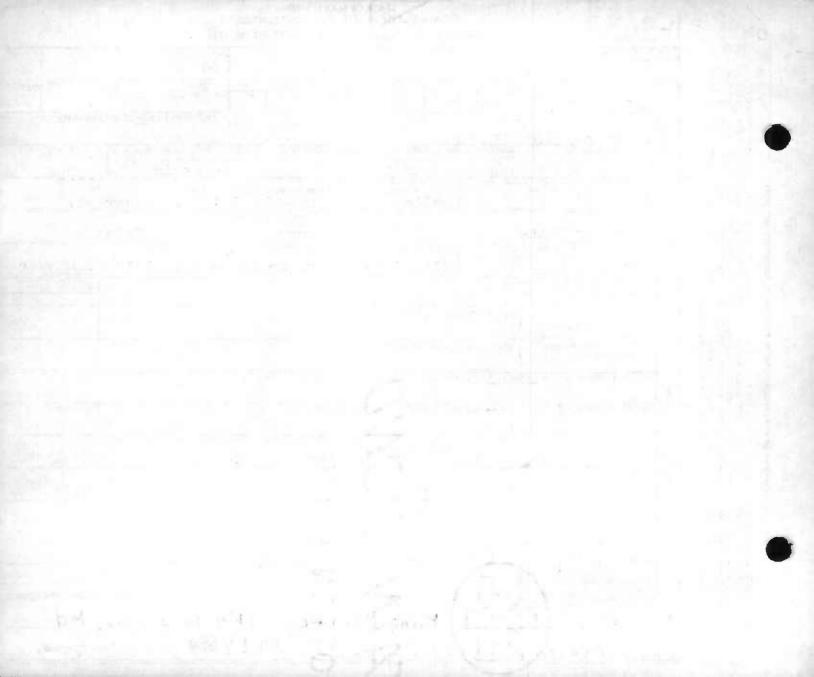
22c DATE SIGNED

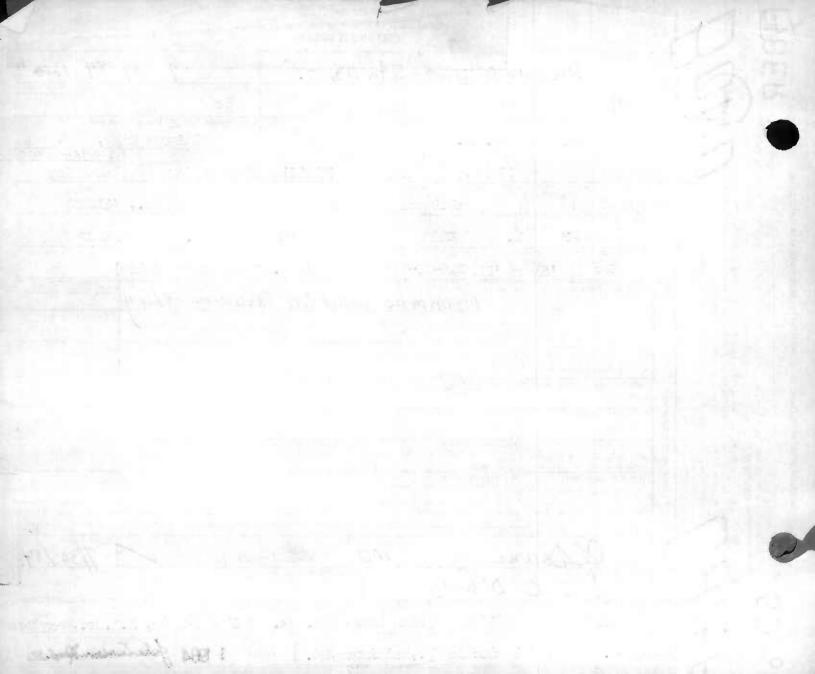
24 FUNERAL DIRECTOR BY REGISTRAR 25h REGISTRAR'S SIGNATURE

3615-19 Chestral fre









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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE?

3

	1-	STATE REGISTRAR			-	CER	TIFICAT	E OF DEA	TH	0	REG. N	0.				
1		EASEDNAME	FIRST	,	AIDDLE		ŁAST			2a DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	JR
	TITLE	JAMES			A .	SANTA	SANL	A				7	30	84	9:3	5 PM
V	3. SE X			4 RACE			E OF BIRT			6 AGE (INY	EARS LAST BIR	THDAY)		ERIYEAR	IF UNDER	
Ц	-	MALE		WHIT	E.		2.	18	21		62	YR:	MONTHS	DAYS	HOURS	MIN.
Æ.		THPLACE (STATE O	OR FOREIGN	7b. CITIZEN OF		NTRY? B.				9. BALTIMO				EATH		
1	3	OUNTRY) NNSYLVAN I	T A	U.S	Α.		RIED X	NEVER MAR DIVOR			T IMOI					MD.
7		Y OR TOWN OF D		11. NAME OF I						120 USUAL				KINDO	BUSINI	
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51	13a. S	TATE	13P CON	VTY	13c. CITY OF	RTOWN	13d. I	NSIDE CITY I		13e STREET			DDE "			-
		RYLAND	BALT	"IMORE_	CATON	NSVILLE) 5 2	9 ROG	NEL A	AVEN	UE, 2	21228		
4	14 FA	THER'S NAME FIRST		MIDDLE	LA:	51	115 /	OTHER'S MA		WE	MIDDLE			LA51		
(1		CARMINE	2		SANTA	ASANIA		MARY					1	MROI	A	
		AS DECEASED EVI		MED FORCES?	16b. SOCIAI	L SECURITY NO	D. 17 IN	IFORMANT			ADDRI	SS		21	.228	
		YES	WW		177-1	12-4292	G	ERALDI	NE M.	SANTA	SANL	A 9	ROGN	NEL A	VEN	JE
		IB CAUSE OF DEA	ATH (Enter or	sly one couse per	line for (o), ((b), and (c)								APPROXI	MATE INTE	RVAL DEATH
	- 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) RESPIRATORY FAIL URE								30 -						
	- 1		IMMEDIA					/								
		Conditions, if any, which (b) METASTATIC LUNG CANCER														
		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF														
		underlying cou		DUE TO, O	r as a con	isequence o	F									
		PART 2 OTHER SI	Chuckanit	()	NITRIBUTIN	C TO DEATH	PULL NOT	DELATED TO	THE TERM	INI AL DICE AC	E OR CON	DITION	CIVENLIN	DADI I		
	Z	PART 2 OTHER ST	GINIFICANT	CONDITIONS CO	JIVIKIBOTIIV	GIODLAM	3011401	KELAILDIO	THE TERM	INAL DISEAS	L OR COIN	DIFICIA	OWEIN IN	TAKI IIC		
	CERTIFICATION	198 DATE OF OPER	RATION	19h COND	TION FOR V	WHICH OPERA	TION WA	S PERFORMI	ED.	20e AUTO	PSY?	20b. 1F	YES, WER	E FINDIN	GS USE	D
	5	THE DATE OF C. E.	(71)	1,0 00112								IN CEI	RTIFYING	CAUSES		
Z	E T	21a. ACCIDENT WAS I	INDESIVING F	7 21b. TIME O	E INTITUDY		21,	HOW IN HID	V OCCUPP	YES L	NOX	D	YES	0.0 (0.7.2)	NO [
		OR CONTRIBUTING	h.	110110		H DAY YE		110 W 11430K	OCCORR	CED TENTERNA	TUNE OF INJU	IKA IM ITEM	18 PART ()	FFARI ()		
7	CAI	(IF EITHER NOTIFY M					9									
	MEDICAL	21d INJURY OCCU		PLACE OF INJURY THOME STREET FACTORY OFFICE FARM ETC.) 211 LOCAT			STREET	CITY OF TOWN			((COUNTY				
	~	AL WORK AL	WHILE D													
		220 certify that (I) (this hospital) attended, the deceased from 1/24 19 4 to 7/30 19 4 that (I) (we) last														
		sow the dece above, (I) (we		7/3		19 7 7	, and tha	t in (my) (ou	r) opinion o	deoth occurre	d on the d	ote and	hour ond	from the	couses st	oted
		276. SIGNATURE DEGREE							2	2c DATE	SIGNED					
		M. d	locus	us					nding Sician [DIRECTOR	STA PHYSI			71	30/	84
		22d PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e	ADDRESS				4		-		
		M.M	ACIL	ULIS			5	T. A	GNE	- S	HO	SP	1TA	4		
	230 B	URIAL, CREMATIO	N, REMOVAL	23b. DATE		23c NAME C	OF CEMET	ERY OR CRE		23d. LOC/						
	- (BURIAL		08-02	2-84	GARDE	ENS O	F FAIT	`H		OR TOWN	Е В	ALTI			D.
	24 FU	INERAL DIRECTOR			400	DRESS 2	1229		250. DATI	E REC'D. BY R	EGISTRAR	25b. REC	SISTRAR'S	SIGNAT	IRE	22
	וונו	BBARD FU	VERAT.	HOME. IN			ENS	AVE.	AU	של טנ	1984	Jun	Davis	worv-V	Libra	

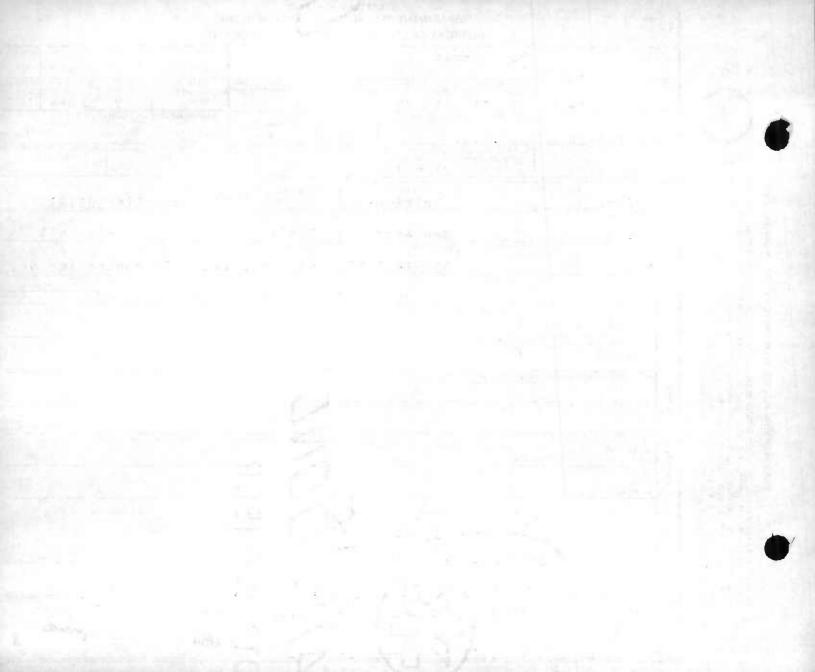
DHMH - 16 50M 4/83 (VRA 15, 4)

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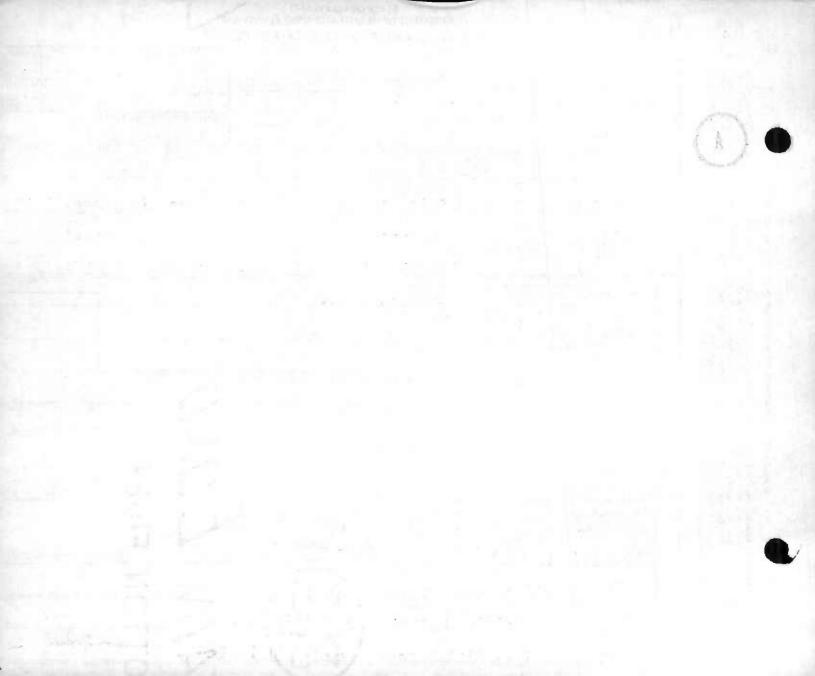
1.	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN			F DEATH	REG. NO		O O	dire.
	PECEASED NA	ME FIRST E	-	Vid		unders		E KNOWNXX ESTI- TH MATED	монтн 7	20 19 84	2b. HC
3. S	ale	black	5. DATE OF BIRTH MONTH DAY 4 / 21	YEAR 6 AGE (IN YE LAST BIRTHD	EARS IF UNI	DER 1 YR. IF UNDER	MIN PRONC	ATE DUNCED AD	монтн 7	DAY YEAR 20 1984	2d. HO 5:2
7a N	BIRTHPLACE FOREIGN COUNTR	(STATE OR 7) olina	U.S.A	AT COUNTRY?	MARRIE WIDOWI		ED 🗆 Bai	imorecity o Ltimore	City	Y OF DEATH	
4	CITY OR TOW Baltimo	re	Union	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Memorial H	Iospit		12a USUAL OC FOR MOST OF	CUPATION (TYPE VORKING LIFE)	OF WORK	OR INDUST	USINESS IRY
13a M	STATE aryla:	n d		RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltime		13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌		oress Montpe	lier	St.21	218
)	FATHER'S NA/ FIRST Perr	у	MIDDLE	Saunders		15. MOTHER'S MAID! PIRST Dycie	N NAME	WIDDLE	М	itchel	1
	WAS DECEAS (YES, NO, OR UNK NO	SED EVER IN U.S. AI	RMED FORCES?	242-16-		Clyde Sa	unders	ADDRESS 1553 1	Mont		
	18 CAUSE PART I	DEATH WAS CAUSI	ATE CAUSE (a) AT	for (a), (b), and (c).) teriosclero AS A CONSEQUENCE		ardiovascu	ılar dise	ease		APPROXIMAL BETWEEN ONS	
AL, CREMATION, OR REMOVAL.	gove couse lying c	ions, if any, which rise to immediat a) stating the <u>under</u> ause last.	(c)	AS A CONSEQUENCE		OR CONDITION GIVEN IN PA	RT I (a)				
CERTIFICATION	19a DATE	OF OPERATION	19b CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORMED?				20 AUTOPSY	77 NO [
		VAL CAUSE WAS NG OR TING CAUSE OF	DEATH P.M	MONTH DAY YEA	R	W INJURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM 18 P	PART 1 OR PAR	RT 2)	
MEDICAL	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (ATHOME, ORY, FARM, ETC.)	211 LOC	ATION REET	CITY O	TOWN	COU	YIM	STA
2	22a I ce	rify that I took cha lited fram: No	omas D. Sm.	D In	U	Hamicide	Undetermined	manner .		oinian D <u>7/21/</u>	84
23a	BURIAL, CREM	ation,removal L	7/27/84	Glenvi	METERY OF	m. Pk.	23d LOCATIO Durha	m,	COUN	N.C.	TATE
24	FUNERAL DIR	ECTOR	ADDRESS			25a. DATE	REC'D. BY REGIS	PAR 25b REGIS	TRABIAS	Chouse	

STATE OF MARYLAND



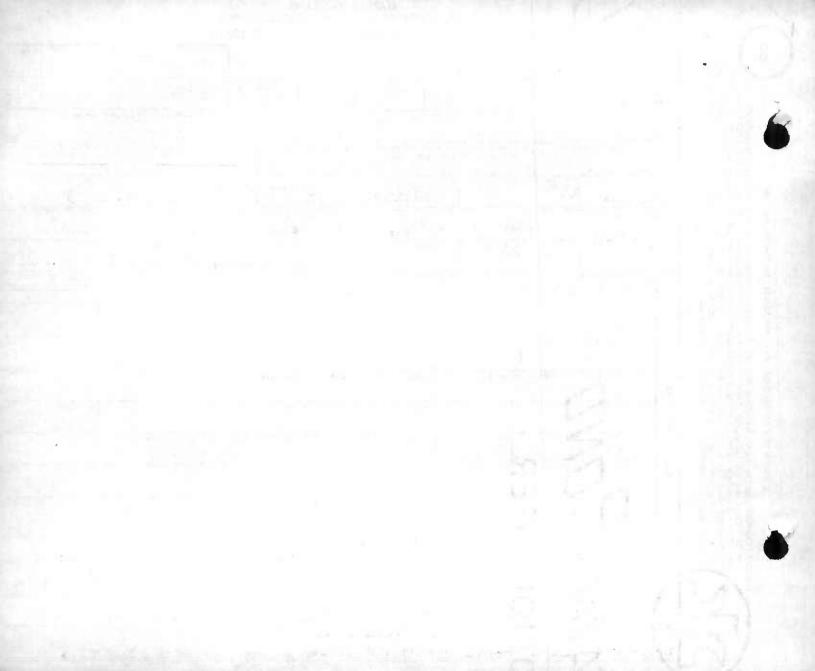
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STATE OF MARYLAND

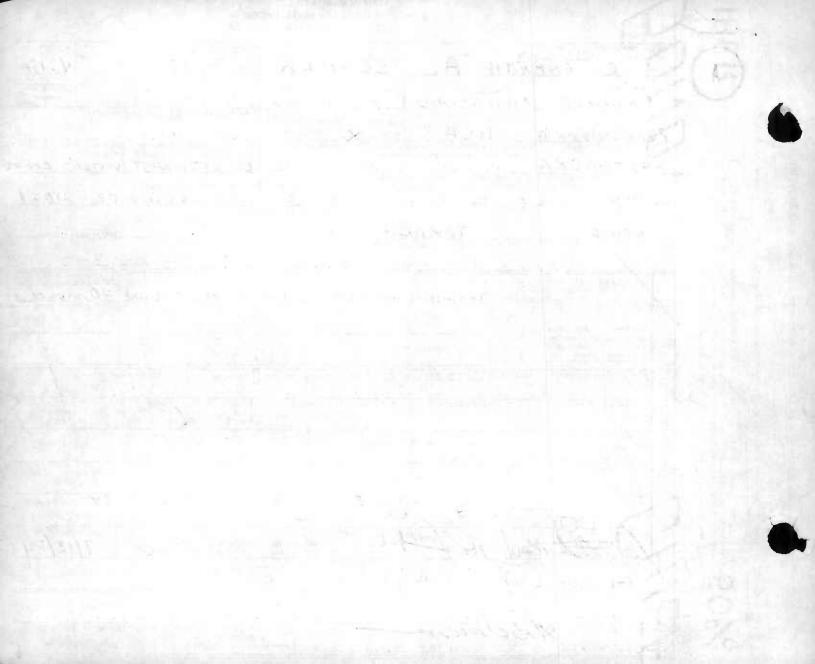


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	FOR STATE			DEPARTMENT O		HAND MENTAL	1.3 6.5	190	3 5
	REGISTRAR		ME		NER'S	CERTIFICATE C	OF DEATH REG	. NO.	
	CEASED NAA	ME FIRST		MIDDLE		LAST	20. DATE KNOWN OF ESTI-	MXX MONTH DA	YEAR 76. HO
		Allis	son	Diane		nafer	DEATH MATED	7-31	1984
3 SE	IMALE	4 RACE WHITE	5. DATE OF BIRTH	YEAR LAST BIRT		HS DAYS HOURS	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	7-31	1984 a.
	IRTHPLACE I		76 CITIZEN OF W	HAT COUNTRY?	8 MARR	IED NEVER MARR	P BALTIMORE CI	TY OR COUNTY O	
	ARYLANI		US.	A	WIDOV		Baltimo	ore City,	
1	ITY OR TOWN	ore /	Johns	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES HOPKINS HO	spita.		120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY
13a. S	at RESIDENCE STATE arylan	NIN COU		130. CITY OR TOWN BALTIN	ission) V IOTE	13d. INSIDE CITY LIMITS?	3631 Address	y Ave. 21	213
14. F	ATHER'S NAM		MIDDLE	LASI		15. MOTHER'S MAID	EN NAME MIDDLE		LAST_
	Jos	eph A	Andrew	Schafer,		ferri	Ann		oehlman
	WAS DECEAS	EDEVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI		
		(1.750,01	- Wall Great Con			Joseph So	chafer, 3rd 363	31 Elmley	Ave.2121
	18 CAUSE	OF DEATH (Enter of DEATH WAS CAUS	only one cause per lin	e for (a), (b), and (c).)				l a	APPROXIMATE INTERVAL
NO	lying co	rise to immediate of stating the under ause last. SIGNIFICANI CONDITION	DUE TO, OF	R AS A CONSEQUENC		SE OR CONDITION GIVEN IN PA	RRT 1 (q)		
ATIO	19a. DATE C	OF OPERATION	196 COND	ITION FOR WHICH OF	PERATION W	VAS DEDECIDAMENS		20	AUTOPSY?
1 (3						TASTERI ORMED:		4.0	AUTOF311
Ě						VASTERI ORMED:		1	
MEDICAL CERTIFICATION	UNDERLYIN CONTRIBUT	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK	F DEATH P.A	M. MONTH DAY Y	, 21f. LC		ED (ENTER NATURE OF INJURY IN ITE		YES XX NO [



STATE OF MARYLAND



		FOR	Drp 4 Dr		OF MARYLAND EALTH AND MENTAL HYG	IEME (3	i 0	n	3 1
	1 -	STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO		1	~
		CEASED NAME FIRST ROXANN	MIDDLE	Sche	nkemeyer	The same and the s	7/26/	84	26_HOUR
	1,58)	Lemole	4 RACE white	5. DATE C		AGE INFAMILATERS	YR5.	DER T YEAR	# LIMITER 24 HES. HOURS MARK.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Cennsylvania	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI WIDOWE		Baltimore City o		EATH	MD.
1		Saltimore	M. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Francis Scott	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST QUEEN)		NO KIND OF NOUSTRY HO	me
3	13a 5	TATE COUN			136 INSIDE CITY LIMITS?		zip cobe ation	Road	21236
30	14. FA	Gilbert	MIDDLE Willis	8	IS. MOTHER'S MAIDEN NA FIRST Frances	MIDDLE	Vi	gner	°0
2		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 183–46	0.44	Robert Wa	ADDRE ters Scher	Same	r	"
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), at D BY E CAUSE (a) RE (0) (A)	Torn	ARREST			APPROXIM BETWEEN O	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) Breas DUE TO, OR AS A CONSEQUE (c)	7 (Ancer				
, kindlin	NOI		CONDITIONS CONTRIBUTING TO						
9	CERTIFICATION	19a DATE OF OPERATION	1%, CONDITION FOR WHICH	H OPERATIO		200 AUTÓPSÝ?	206. IF YES, WEI IN CERTIFYING YES	CAUSES	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 21	
orked or	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET	CITY OR TO	vn c	COUNTY	STATE
OH 5: 17:		22a.1 certify that (I) (this haspit saw the deceased alive an above, (I) (wa) (did not	tal) attended the deceased from. 19_ 1) view the body after death.		nd that in (my) (aur) opinian	death accurred on the do	-	I Iram the c	4
		226. SIGNATURE	Adams	/	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	-	The DATE	S/87
A L		JOSEPH STORES	FdAm (M	D	Key Medic	of Center,	4940	EAST	ten Ang
5		BURIAL, CREMATION, REMOVAL (SPECKY) Burial			emetery or crematory iew Cemeter		wn Car	mber:	
B3		uneral director MacNabb Funer	ral Home Cato	onsvi	lle. Md Ju	E REC'D. BY REGISTRAR	256 REGISTRADE	WALL	KER

DHMH - 16 50M 4/3 (VRA 15, 4)

BP



HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

FOR

REGISTRAR

74 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

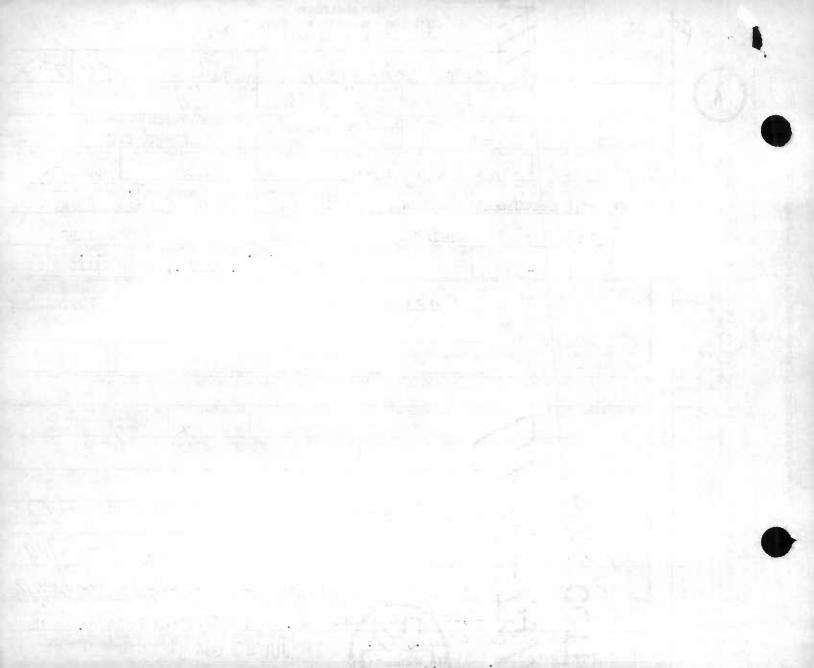
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REG. NO

IF UNDER 24 HRS

STATE

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(VRA 15. 4)

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of Heolth

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MPORTANT:

Item 18

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ALPHONSE

190 DATE OF OPERATION

	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 4 1	9 0	4 2
n £	I DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR	25 HOUR
9 0	HELEN	A. SCHMID	l'	July 20,1984		10:00
0	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER TYEAR	IF UNDER 24 HRS
(1)	FEMALE	WHITE	SEPT. 24 1914	69 YRS.	MONTHS DAYS	HOURS MIN.
(A)	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD .	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED H	9. BALTIMORE CITY OR COUNT BALTIMORE		JM.
the f	10 CITY OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND O	F BUSINESS OR
50 000	BALTIMORE	CHURCH HOSP	ITAL CORPORATION	CASHIER	INS	. CO.
fulled in	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD		21205

LAST

SOELLNER

MIDDLE

ADDRESS 16h SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT NO OR UNKNOWN SAME 220-14-3968 SCHMIDT JR. (SON) HARRY ADDRESS 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Acute Myocardial Infarction IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ArteriosclertikkardioVascular Disease Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION

15. MOTHER'S MAIDEN NAME

25 HOUR 10:00RM IF UNDER 24 HRS

21205

LAST

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [

MIDDLE

20a AUTOPSY?

PHYSICIAN DIRECTOR PHYSICIAN

NOCK

UNKNOWN

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that the must nosonal ottended the deceased from . 11

sow the deceased alive on 1117 V and that in the appropriate opinion death occurred on the date and hour and from the causes stated obove, 44) (we) (did (and not view the body ofter death 27h SIGNATURE DEGREE 22c. DATE SIGNED

HOLY REDEEMER

224 PHYSICIAN'S NAME (TYPE ORIPRIN) 27e ADDRESS Church Hospital Nazemi M.D.

19% CONDITION FOR WHICH OPERATION WAS PERFORMED

100 N. Broadway Baltimore 23d LOCATION 230 BURIAL CREMATION REMOVAL 736 DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL BALTIMORE

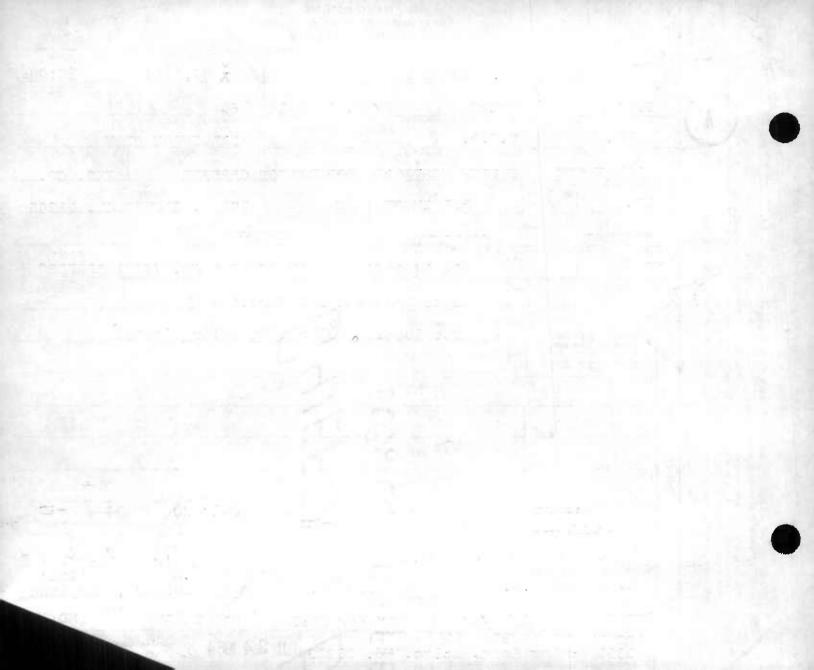
24 FUNERAS CHIMUNEK FUNERAL HOME, INC.

7/24/84

250 DATE REC'D. BY REGISTRAR 256 REG 3331 Brehms Lane, Balto. Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SA - STATE CERTIFICATE OF DEATH REGISTRAR Leonard Schmigel REG. NO 20 DATE OF DEATH DECEASED NAME 2h HOUR LTYPE OR PRINTI PONA 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 29 72 1912 Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City New York U.S.A. DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Service Station Owner-Retired St. Agnes Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21229 13a STATE 13h COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Baltimore 625 Wicham Rd. Baltimore, Md. Md. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME ALIDDLE MIDDIE FIRST Kwiatkowski John Schmigel Mary ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Sue Schmigel Same as 13e. 229-05-1306A No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and to ARREST PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE YPOTENSION Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 220 DATE SIGNED MEDICAL Mociules PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MACIULIS St. Agnes Hospital, Baltimore, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery 23d LOCATION Dorsey

COUNTY

STATE

74 FUNERAL DIRECTO F630 Idmondson Ave, AD Catonsville, Md. LeRov M. & Russell C. Witzke Funeral Home

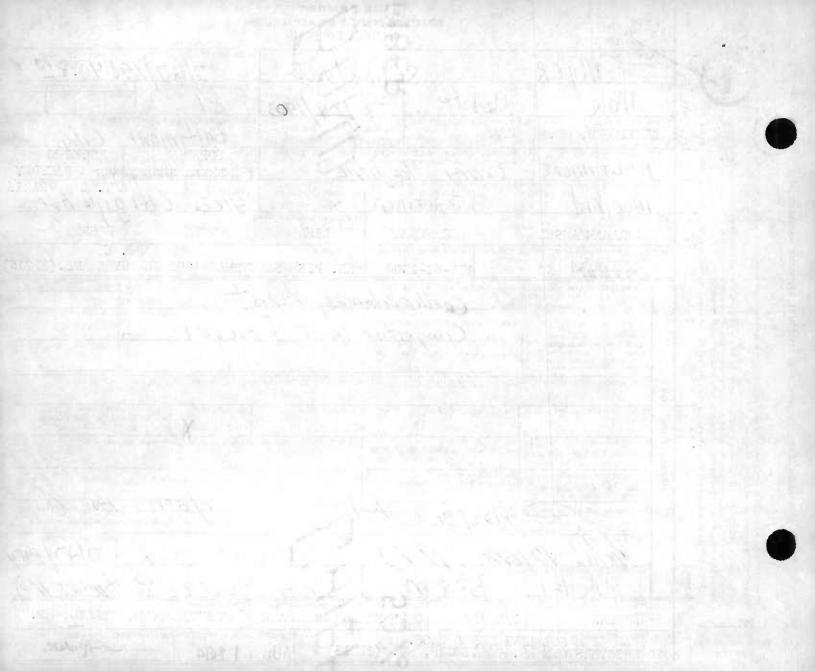
250 DATE-REC'D. BY REGISTRAR TSIN REGISTRAR'S SIGNATURE

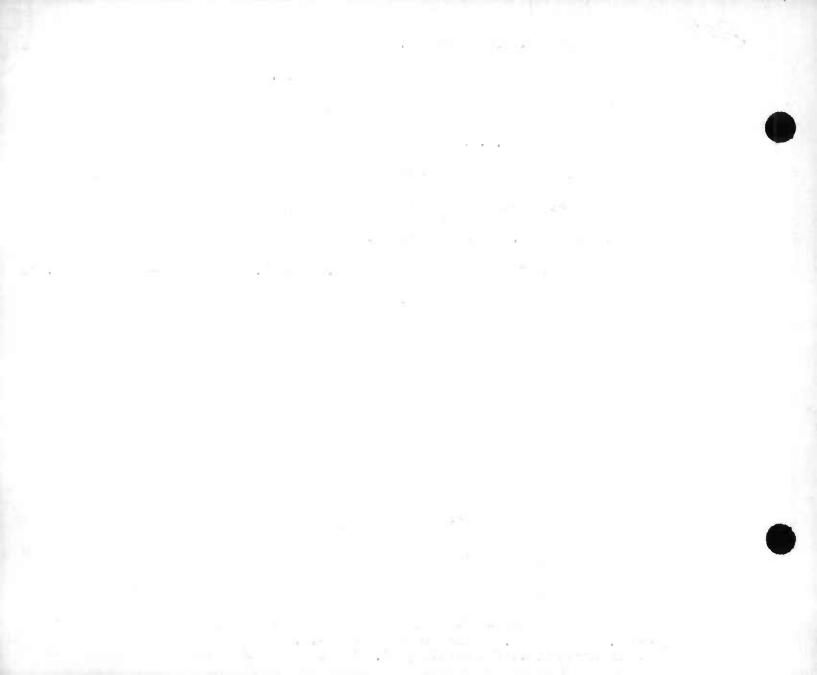
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS.

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(TYPE OR PRINT)

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

DECEASED NAME

BALTIMORE CITY 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY LION BROTHERS 13e STREET ADDRESS / ZIP CODE 2053 WHISTLER AVENUE, 21230 LAST KISSER ALFRED TYNAN 1026 DOWNTON ROAD, 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 DATE SIGNED BURIAL NEW CATHEDRAL BALTIMORE CITY 07-13-84 24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

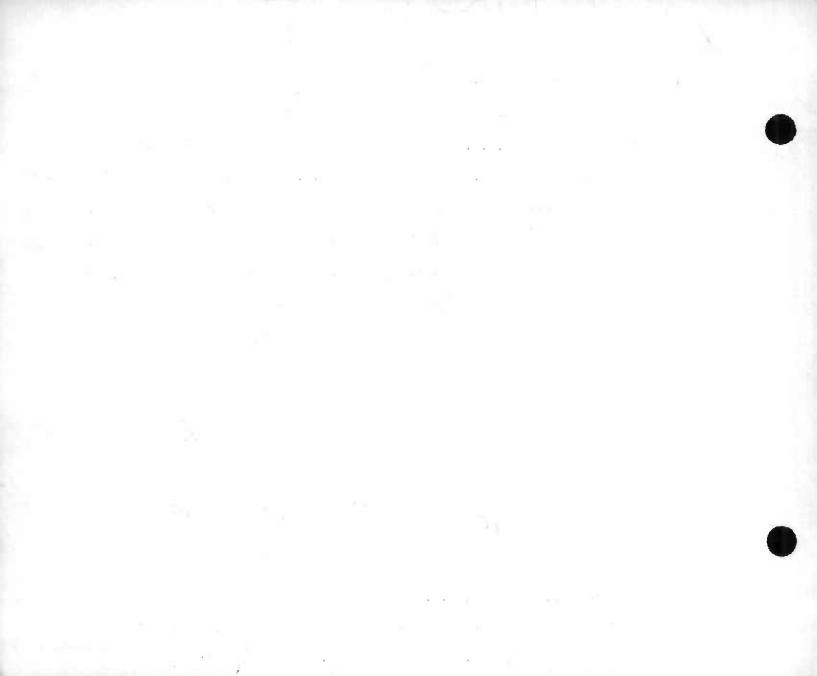
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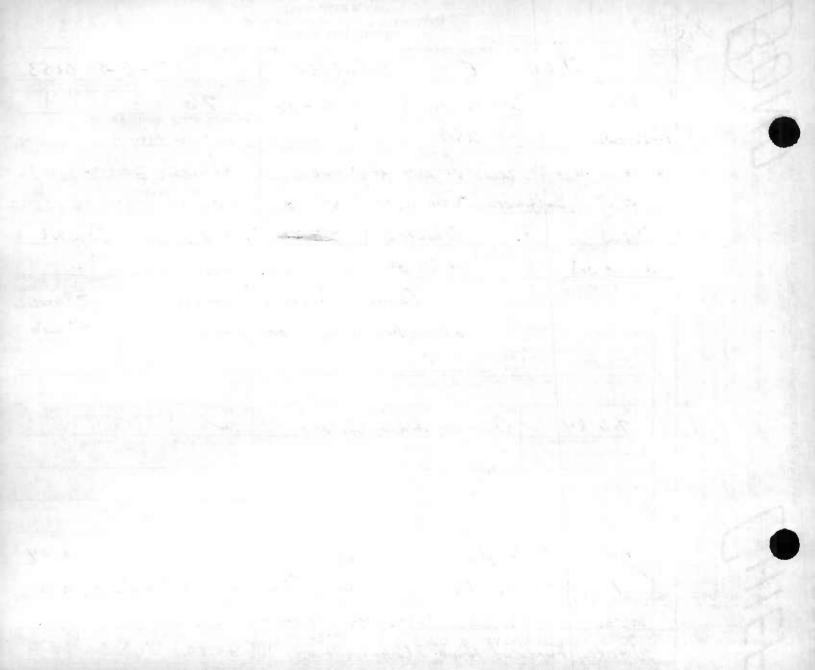
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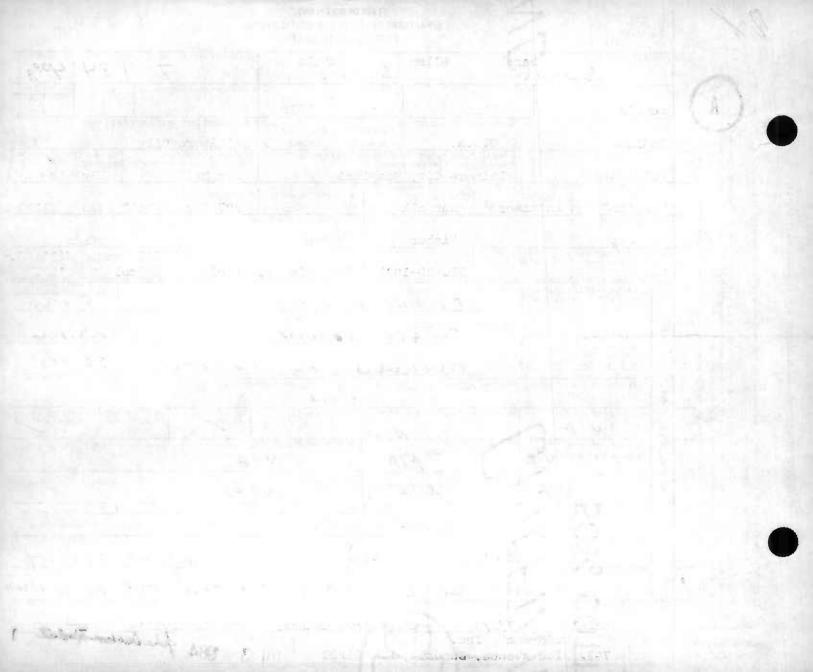
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRARJOHN E. SCHUELER REG. NO. 2a DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) 6-84 A AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4. RACE White -07 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE THE CITIZEN OF WHAT COUNTRY? 1 STATE OR FOREIGN MARRIED NEVER MARRIED Marvland DIVORCED | Baltimore City IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WERE FORMOST OF WORKING LIFE) INDUSTRY Chemist-State Of MI 13e.STREET ADDRESS / ZIP CODE 13a STATE 113d INSIDE GITY HAITS? 711 Maiden Choice Lane 21228 NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE E. Ida Coggins 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMACU IYES, NO DRUNKNOWN) IF YES, GIVE WAR OR DATES! No Josephine E. Schueler Same as # 13 CAUSE OF DEATH (Enter only one couse per line for (o), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lectus mechanica Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from _____ sow the deceased alive an. __, and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT. should be with the S 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Mt. Olivet Cemetery Baltimore Burial 7/9/84 Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ondson Avenue DHMH - 16 50M 4/83 (VRA 15, 4) +uncount



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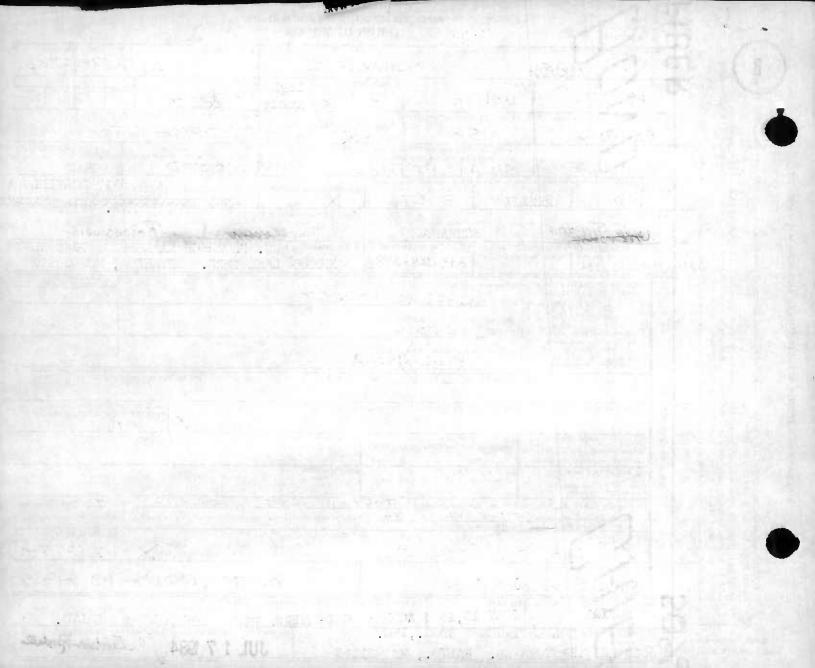


	1-	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	1 7	0 0
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a affect	3. SEX	MALE	4. RACE WHITE		JULY 30, 1930	5. AGE (IN YEARS LAST BIRTH		YEAR IF UNDE
(10)		RTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76. CITIZEN OF WHAT		NEVER MARRIED	9 BALTIMORE CITY OR BALT I MOR	COUNTY OF DEA	TH
49	10. CI	TY OR TOWN OF DEATH BALT IMORE	11. NAME OF HOSPIT (IF NOT IN SUCH FACILIT N. CHARI	AL, NURSING HOME Y, GIVE STREET ADDRESS) LES GEN. HO	OR OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF DENTIST	WORKING LIFE) 12b. KI WORKING LIFE) INDU: DEN	ND OF BUSIN STRY NTISTRY
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mit. Then please remove corbon poprior to burial, cremotion, or removing injury, ar other fraumotic event	CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A (b) DUE TO, OR AS A (c) T CONDITIONS CONTRIB	CONSEQUENCE OF NE PO S C LE P	1 0	y Heart	ITION GIVEN IN PA	RT Ito
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE REGISTRAR CEASED NAME FIRST WILL E OR PRINT! WILL EX Male IRTHPLACE (STATE OR FOREIGN COURT) & M. ITY OR TOWN OF DEATH	iam L. Schwarz	CERTIFICATE OF DEATH LAST S. DATE OF BIRTH M31-3-1935 YEAR	REG. NO. 20 DATE OF DEATH MONTH July 7, 1984 6. AGE (IN YEARS LAST BIRTHDAY) 49	DAY YEAR	26 HOUR 8 A. M
X Male IRTHPLACE (STATE OR FOREIGN COURTE!) MI.	iam L. Schwarz	S. DATE OF BIRTH	July 7, 1984 6. AGE (IN YEARS LAST BIRTHDAY)		8 A. M
Male IRTHPLACE ISTATE OR FOREIGN COBTRYLLO. Md.	White 76 CITIZEN OF WHAT COUNT			IF UNDER I YEAR	45 440 MAPS 0 - 4400
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AL RESIDENCE 15 NURSING HOA STATE 136 CO	OUNTY 130 BOLD	TOWN 13d. INSIDE CITY LIMITS			Automotiv
ATHER'S NAME FIRST Georg	e Schwarz	15. MOTHER'S MAIDEN	NAME		
		17 INFORMANT 4-8725 Mrs. Edith	E. Schwarz - 43	19 Parku	ood Ave.
PART I. DEATH WAS CA IMME! Conditions, if any, which gove rise to immediate couse (a), stating the	USED BY: DIATE CAUSE(0) DUE TO, OR AS A CONSI	EQUENCE OF			CONSET AND DEATH
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PAUL D.	L1647 m	22 S. Gre	ENE ST. BALT	MAS	1/84
	7-10-84		CILYORTOWN	COUNTY	STATE
	ATHER'S NAME FIRST GEORG WAS DECEASED EVER IN U.S. YES ADOR UNKNOWN) IF YES CONDITIONS, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA PART 2 OTHER SIGNIFICA I'9a DATE OF OPERATION OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHOLE 22d PHYSICIAN'S NAME (I PAUL D BURIAL, CREMATION, REMO (SPERY) BURIAL, CREMATION, REMO (SPERY) UNERAL DIRECTOR	ATHER'S NAME FIRST George Schwarz WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL: 212-3 18 CAUSE OF DEATH (Enter only one cause per line for toi, (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE(a) Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. ACCIDENT WAS UNDERLYING 21d. INJURY OCCURRED WHILE 21d INJURY OCCURRED WHILE 22d PHYSICIAN'S NAME (TYPE OR PRINT) PART 1 OF INJURY AND THE CONTRIBUTION BURIAL, CREMATION, REMOVAL 23b. DATE 7-10-84 UNERAL DIRECTOR	ATHER'S NAME PIRST George COUNTY NAS DECEASED EVER IN U.S. ARMED FORCES? IS. MOTHER'S MAIDEN FIRST VES. J. OR UNKNOWN) III. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE(a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGNO DEATH BUT NOT RELATED TO THE L PART 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGNO DEATH BUT NOT RELATED TO THE L 19a DATE OF OPERATION 19b CONTRIBUTINGNO DEATH BUT NOT RELATED TO THE L 21a, ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 11d HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 11d HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 11d HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d HOUR, STREET, FACTORY, OFFICE, FARM, ETC.) 21d LOCATION STREET 22d PHYSICIAN'S NAME (19PE OR PAINT) PHYSICIAN 22d PHYSICIAN'S NAME (19PE OR PAINT) PART 2 OTHER SIGNIFICANT OR CREMATION, REMOVAL 22d PHYSICIAN'S NAME (19PE OR PAINT) 22d ADDRESS 22d ADDRESS	ATHER'S NAME PIRST George Cawarz NAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO 212-34-8725 18 CAUSE OF DEATH (Enter only otherwise per line for rot), (b) and ic.) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSES of Underlying Couse lost. Conditions, if any, which gove rise to immediate couse lost. Conditions, of any, which gove rise to immediate couse lost. Conditions, of any, which gove rise to immediate couse lost. Conditions of the property of the prop	ATHER'S NAME THAT IS COUNTY THAT IS COUNTY

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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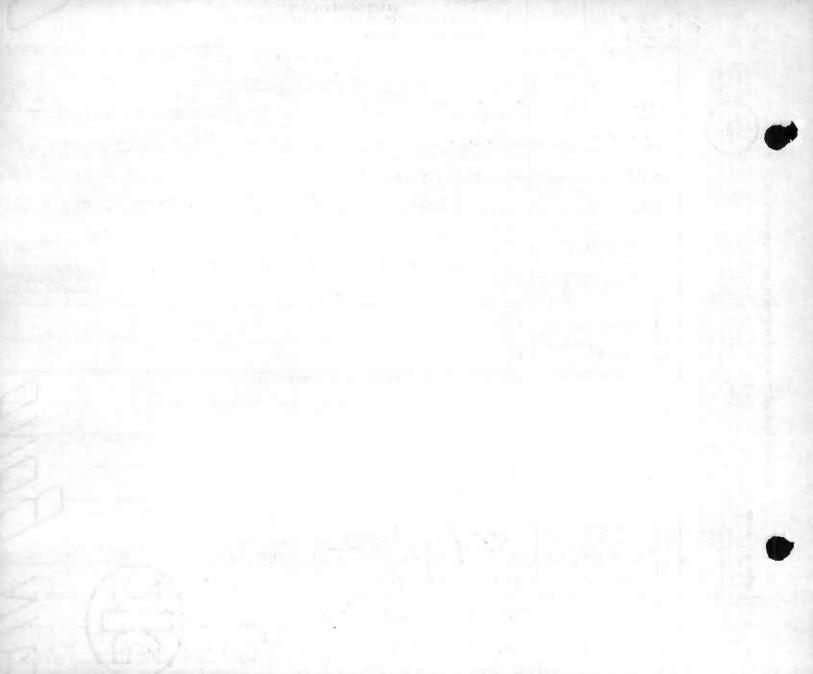
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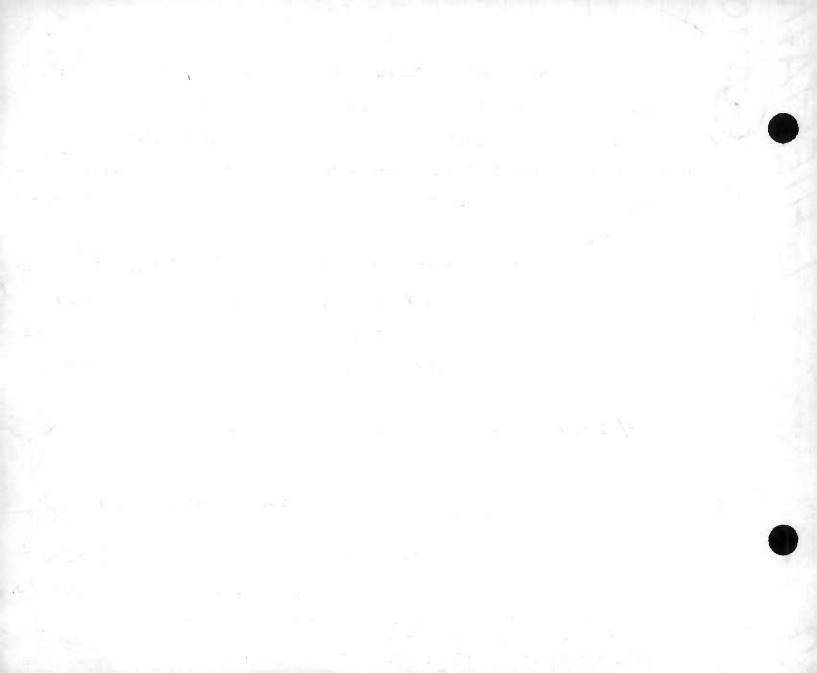
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(n)		OR PRINT) "	WIDDLE	LAST		2a DATE OF DEATH	MONTH DAY YEAR	2b HOUR
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Poor I die		RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUN	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
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3 2 2 2 2	10 C	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, N		THER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
by the	1	Balto		Samari	Fan	Housew's		-
Jin Be f	USU.	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION GIVE RESIDENCE Y 134 CITY OF	E BEFORE ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	
and the state of t		nd.	Ba		ES NO		nTRIDAR Rd	. 21239
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BALT rcote b hysicion popers. ovol. nt, the		18. CAUSE OF DEATH (Enter only	one cause per line far (a), ((b), and (c)			APPROX BETWEEN	XIMATE INTERVAL
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Dw re beer prior	CAT	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION V	VAS PERFORMED	20a AUTOPSY?	106. IF YES, WERE FIND!	
he lo on. hos t per	E					YES NO	YES [NO [
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requi r offending physicion. Wher this certificate hos been sig os the buriol-tronsit permit. Ther th and Mental Hygiene prior to be orked at the Tile spew ally injur	E E	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTI		It. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
ON OF VIII	₹	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
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DIVISION PHING PHI	8	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY C	DEFICE, FARM EIC I	J. N. E.			
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RATTEND hospital or hospital or hed for use ept. of Heal ftern 21 is m		saw the deceased alive an abave, (1) (we) (did) (did nat) s	view the hady after death	_19 and t	hat in (my) (aur) apinion o	death accurred on the da	ite and have and from the	e causes stated
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, 4 , 2 , 7				n	D. ATTENDING PHYSICIAN	MEDICAL STAF		16 84
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O HOSPITAL 1 TO FUNERAL I should be deto with the Stote I MPORTANT: II		CHUNY	C. NI					/
Off Change	23a. l	BURIAL, CREMATION, REMOVAL	23b.DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d LOCATION		
BP		Burial	7/11/84	Bal	to. Cem.	Balto	COUNTY	Md"
DHMH - 16 50M 4/83		JNERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR	BL-REGISTRAR'S SIGNA	SHORE
(VRA 15, 4)	Ja	mes A. Morton and	d Sons 1701-	31 Laurens	St. Jul	9 1984	- Entrolucion	



P	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 44 REG. NO.	9059
death	(TYPE	CEASED NAME FIRST	MIDDLE	Semaly	7 /22/	84 1255 PM
	3. SE.	FEMALE	1. RACE WhiTE	Nov. 15 06	6. AGE (IN YEARS LAST BIRTHDAY) / YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
C.		MD.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Daltimore	City MD.
filed with	1	Balt more md	Mason Lord Blde	- Franco Gott Cey M.C.	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR INDUSTRY
y filled in should be enthust by	13e S	AL RESIDENCE (IF NURSING HOME OR) TATE 136 COUN	13c CITY OR TOW	IN 13d, INSIDE CITY LIMITS?	13e STREET ADDRESS 7339 Con le	x st/2/224
and 2 and 2 seemin	III FA	Joseph	- Semaly	15. MOTHER'S MAIDEN NA FIRST Mary	MIDDLE	nown ?
Poges 1		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) I IF YES GIVI	MED FORCES? 166 SOCIAL SECULAR OR DATES) 2146	B4248 John Semaly	7339 Conley St.	/ 21224
physicio onpapers emavol. event, the			ly one couse per line for (o), (b), on D BY: E CAUSE (o) Pro 6	bh acute Con	mars Event	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the attending sose remove corbo al, cremotion, or re r other troumotic c		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	I mellih	/	
t. Then plant of the plant of the plant of the purious of the plant of	NOIL	Den	entro	DEATH BUT NOT RELATED TO THE TERM		
hos be ene pri	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOW YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
certificate unal-transi tental Hygi tem 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART : OR PART 2}
fter this os the bu th and M arked or	MED	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: A star use of Heal		sow the deceased alive on above, (1) (ve) did) (did no	ottended, the deceosed from		death occurred on the date and hou	that (I (ve) lost ond from the causes stated
ERAL DIRE State Dept		726. SIGNATURE	Um & Bush	DEGREE ATTENDING PHYSICIAN 4	MEDICAL STAFF DIRECTOR PHYSICIAN	7/258Z
TO FUNERAL should be det with the Stote		THE PHYSICIAN'S NAME TO BE O	Shor BUR-	10N 5200 E	ASTERN	Balto 2172K
	230 E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
- 16 50M 1/81	24. FI	Burial JNERAL DIRECTOR	July 26,84 M		Baltimore, - TE REC'D. BY REGISTRAR 256 REGIST JL 24 1384 Julian	

The Table 1 and 1 I mount - tension - research All and the second first that the second the second that the second the second that the second the second that Making Me Control of the Same And the Control Total Life Host Yold windows Balaimore, - Mairied idily & Letter Inc. 750 3. Counting 85./21.50 . Ul 2 4 1941 Francisco-Penne





I	1 - STATE REGISTRAR		DEPARTA		ICATE OF DEA		IENE 8 4	D.	9	6 2
I	1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE	1	AST		20 DATE OF DEATH	MONTH DA	YE AR	26 HOUR
ı		ABETH M	IAR Y	SEV	VELL			07 03	84	5:00 AM
ı	3 SEX	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT		FUNDER LYEAR	IF UNDER 24 HRS
ı	FEMALE	WHI	TE	02	21	10	74			
4	70. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D W NEVER MAR	RIED 🗆	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
١	MARYLAND	U.S	.A.	WIDOWE		CED 🗌	BALTIMORE	CITY		MD
,	10 CITY OR TOWN OF DEATH		HOSPITÁL, NURSIN		OR OTHER INSTITU	NOI	12a USUAL OCCUPATE		126 KIND C	OF BUSINESS OR
	BALTIMORE		AGNES HOS		L - E.R.		WELDER			IANCE MF
	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN MARYLAND HOW		ELKRIDO	Ν	13d INSIDE CITY I	IMITS?	13e.STREET ADDRESS / 6033 HUNT	ZIP CODE CLUB F	ROAD,	21227
1	14 FATHER'S NAME	WIDDIE	1.451		15 MOTHER'S MA	IDEN NA	WE		14	ST
	CHARLES	G.	SELTERS	3	ELL	A			HUDSO	N
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55		21227
ı	NO		218-12-4	4683	CLIFTON	SEWE	ELL, SR. 718	O WASH	HINGTO	N BLVD.
ı	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE		line for (a), (b), one	dis					BETWEEN	XMATE INTERVAL I ONSET AND DEATH
ı		TE CAUSE (o)	(SE (0) Landing arrest					me	nels.	
	Conditions, if ony, which	DUE TO, O	OR AS CONSEQUENCE OF				forety my			ut
	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF les dise							ze	~
	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO D	THE TERM	INAL DISEASE OR CONI	DITION GIVE	N HOPART 1	a		
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D			, WERE FINDINGS USED YING CAUSES OF DEATH?	
1	Ĭ						YES NO	YES		NO [
		ATP.	M. MONTH DA	AY YEAR	21c HOW INJUR	Y OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PAR	RT 1 OR PART 7)	
ı	OR CONTRIBUTING CAUSE OF DEA				INJURY 211 LOCATION			CITY OR LOWN COUNTY		
ı	WHITE NOT WHITE AT WORK	WHIE NOT WHITE AL WORK AL WORK			SINCE			- 4	STATE	
ı	22a I certify that (1) this haspi	22a I certify that (1) this haspital attended the deceased from 1/4 19 80 to 1/2 19 84, that (1) (we								
ı	obove His will (did) (std no	the the block ad all and the late and hour and from the course stated above the mit (did talk hour and low the course stated								
	226 SIGNATUR	7/1	- 10		DEGREE	NDING	MEDICAL STAF	F	22c. DATE	ESIGNED
	Jem	Soul	www.		PHY	SICIAN	DIRECTOR PHYSIC	IAN 🗌	1//3	3/84
1	224 PHYSICIAN'S NAME (TYPE	OR FRINT)			22e ADDRESS	MEDIC	CAL ARTS BUT	LLDING	/	C .

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 07-05-84 GLEN HAVEN MEM.

24 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

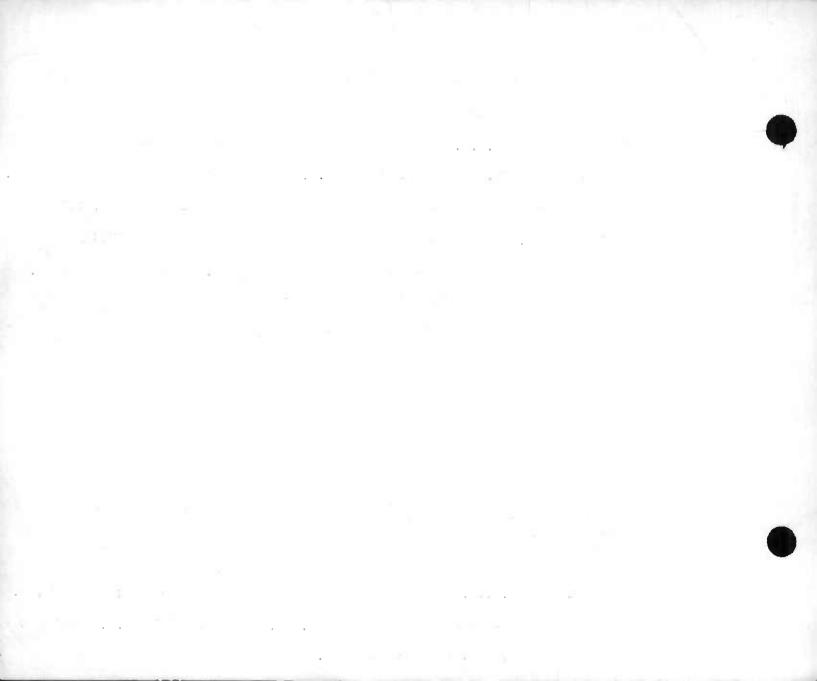
236 DATE

JEROME HANTMAN, M.D.

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
BUR LAL

23d LOCATION
CITY OF TOWN
GLEN BURNIE A.A. PK. 250. DATE REC'D BY REG

11085 LITTLE PATUXENT PARKWAY; COLUMBIA, MD.



10,19ad 5:00p			
5	60, 6, 1908		S 14 60
A 10 montary:		W.S.A.	
Eleptony Berkenpe		(A) (A) (A)	3-2011-01
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graphing house			18, 857
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a DATE OF DEATH MONTH 26 HOUR Joseph SHANAHAN July 12, 1984 11:17Am 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 5 DATE OF BIRTH

3. SE	EX	4. RACE		5. DATE C			6. AGE (IN YEARS LAST)	HRTHDAY)	IF UNDER I YEAR	# UNDER 24 HRS	
	Male	White	2	MONTH	17	44	39	YRS.	MONTHS DAYS	HOURS MIN	
7o. 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		VO	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
1	Maruland	115 A		WIDOWE	D NEVER A	ORCED	Baltimo	re Cit	17	***	
10.0	CITY OR TOWN OF DEATH	III. NAME OF	HOSPITAL, NURSIN				12a. USUAL OCCUPA			OF BUSINESS OR	
	Baltimore	Mary Mary	land Gene:	ral Ho			TYPE OF WORK FOR MOS				
130.	JAL RESIDENCE (IF NURSING HOME O STATE 13b. COU Maryland		Baltino	N	13d. INSIDE C	NO 🗌	322 South	ZIP COL	ton St.	21224	
14. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME		-145	ST.	
	Francis 9	oseph	Shanaha	r Sr.	Lul	a	Mae		Hopki	ns	
	THO DEEL HOLD E TEN IT OID TO	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADD	RESS			
	(YES, NO PEUNKNOWN) (IF YES, GI	VE WAR OR DATES)	218-44-	9672	France	is 9	Shanahan S.	r. 322	S. Clin	ton St.	
H	18. CAUSE OF DEATH (Enter o	alu ann sauca na	line for the the no	diest	4				Applead	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUS	D BY:	Uremia	3 (0.7					BETWEEN	ONSET AND DEATH	
	IMMEDIA	TE CAUSE (0)								-	
	Due to, or as a consequence of									4.2	
10	Conditions, if ony, which gove rise to immediate Diabetic Nephropathy, with complication of										
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF						ret.	inopathy			
	underlying couse lost. Congestive heart failure.										
-	PART 2. OTHER SIGNIFICANT							NDITION G	IVEN IN PART II	0	
ō	Anem	ia, seco	ondary to	gast	ro-inte	stinal	bleeding.				
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D				
E							YES NO		YES T		
1 1	21a. ACCIDENT WAS UNDERLYING	216. TIME C			21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN		PART I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA								
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		.M. OF INJURY	19	211 LOCATIO	N.					
MEG			REET, FACTORY, OFFICE, F	ARM, ETC)				IOWN	COUNTY	STATE	
	WHILE NOT WHILE AT WORK										
	220.1 certify that xtx (this hasp					. 19.84				that (K (we) last	
	sow the deceased alive a above, (Newwe) (did) (did)	M) view the body	ofter death.	84_, 01	nd that in (My)	(our) opinion	death occurred on the	date and ha	our and from the	couses stated	
	226 SIGNATURE	obove, (Mywe) (did) (did) of the body ofter death. 22b. SIGNATURE DEGREE						9-10	22c DATE	SIGNED	
	Joseph	Bluste	IL MA	X		TTENDING PHYSICIAN [MEDICAL ST DIRECTOR PHYS	AFF	- 7/1	12/84	
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES	S			1	1 1	
	Joseph N.	Plustei	n M D		0/0	Manut	and Conons	Hoan	14.7		
220	BURIAL CREMATION, REMOVA			JAME OF C	EMETERY OR		and General	HOSP	ıLaı		
230.	(SPECIFY)				_	REMAIUKY	BCITY OR TOWN	1.	COUNTY	STATE	
L	Burial	7-16	-04 1	oudon	Park (em.	Daltimo	noll	tue Illa		

DHMH - 16 50M 4/83

APORTANT: If He should be detach

24 FUNERAL DIRECTOR (VRA 15, 4)

FOR STATE REGISTRAR

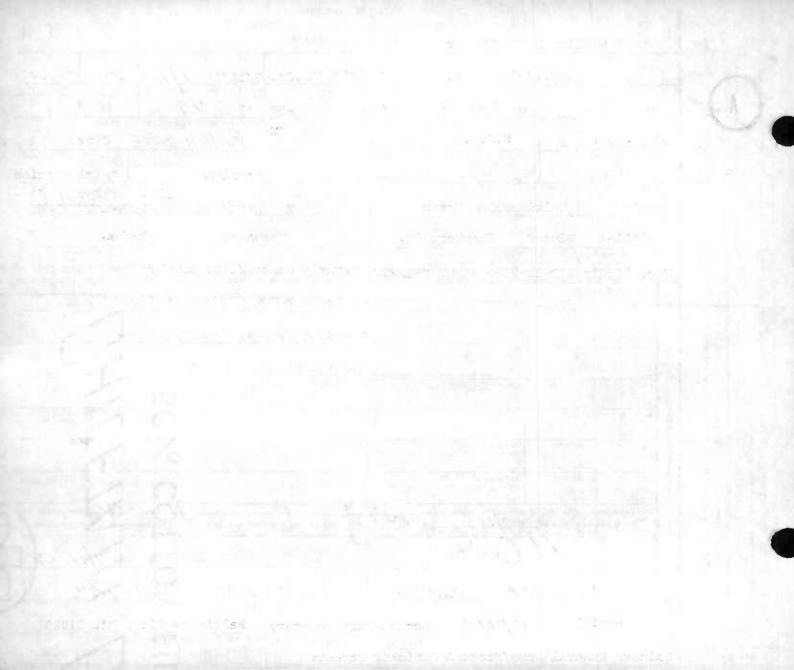
DECEASED NAME

Francis

(TYPE OR PRINT)

harles S. Zeiler & Son Inc. 901 S. Conkling St.

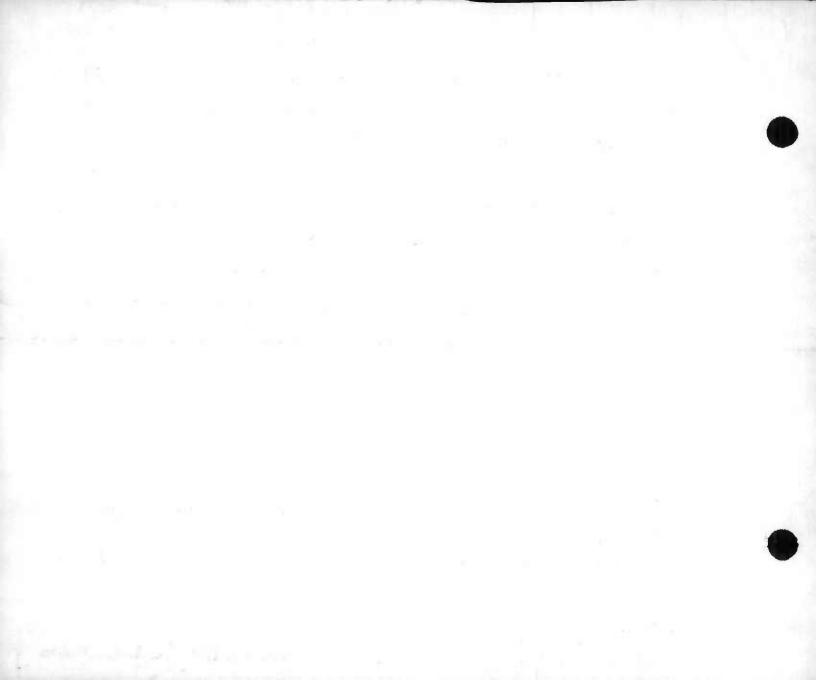
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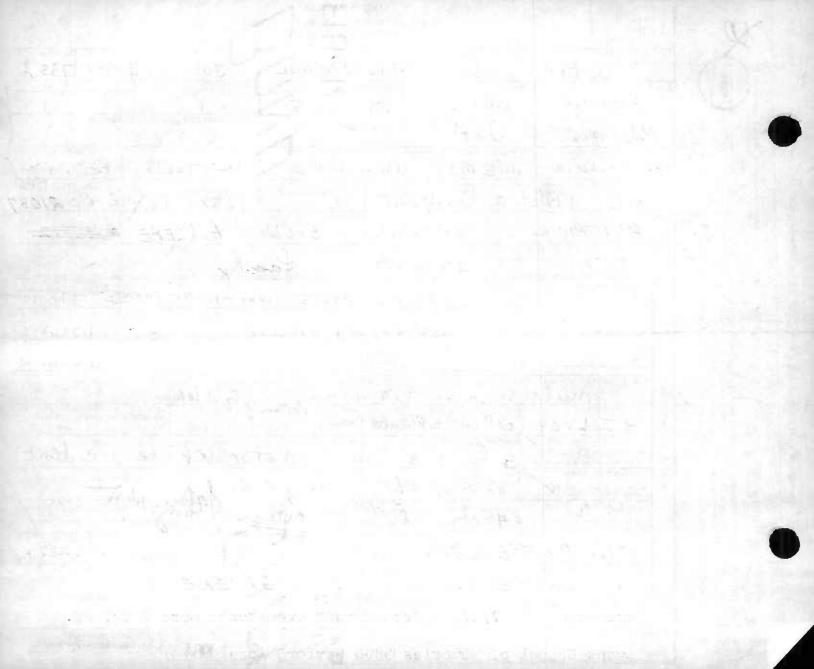


1-	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL I	LYGIENE	
	REGISTRAR		CERTIFICATE OF DEATH	0 4	19060
	CEASED NAME EIRST	MIDDLE	Chiple +	REG. NO. 20 DATE OF DEATH MONT	1H DAY YEAR 26 HOUR 22 84 6244
3 SE	VIIIIam	1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IE UNDER I YEAR IF UNDER 24 HRS
	MAle	Black	5 10 19		YRS. DAYS HOURS MIN.
	Tennessee	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dall	_ (
10. CI	TY OR TOWN OF DEATH			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Factory	RKING LIFE) 176, KIND OF USINESS OR INDUSTRY
USU/ 130-S	AL RESIDENCE F NURSING HOME OF STATE 136 COUL	NTY 13c CITY OR TO	OWN 13d. INSIDE CITY LIMITS	? 13. STREET ADDRESS / ZIP	STEAN AVE 2172 V
14. FA	John	Shifle:	t Rhoda	NAME	LAST
	rES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE		ADDRESS	
	PART I. DEATH WAS CAUSE	ED BY:		+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF ble Ch	1	
N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T		ERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
IFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAU	10	YEAR YEAR		
MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	N/A CITY OR TOWN	COUNTY STATE
	220.1 certify the (1) (this hosp	- (2)	/	on death occurred on the date of	nd hour and from the couses stated
15	22h. SIGNATURE	Ka La	DEGREE ATTENDING PHYSICIA	G MEDICAL STAFF	12. DAJE SIGNED 7/27/84
	22d. PHYSICIAN'S NAME (TYPE OF	ORPRINT)	22e ADDRESS 4940	· Eastern 1	the BALT 2122
23e. P	BURIAL, CREMATION, REMOVAL REMOVAL	7/24/84 22	BE NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN	COUNTY STATE
	3. SEZ 76. BI 6. CI 10. CI 11. SEZ 11.	70. BIRTHPLACE (STATE OR EOREIGN COUNTRY) Tennessee 10. CITY OR TOWN OF DEATH USUAL RESIDENCE OF MURSING HOMEO 130. STATE 130. COU 14. FATHER'S NAME FIRST JOHN 160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter or part I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (o.), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAU (IF ETIMER NOTIFY MEDICAFEX WHILE AT WORK NOTIFY MEDICAFEX 270. I certify that (I) (this hosp saw the deceased alive or above, If I) well (did in controlly). SIGNATURE 271. SIGNATURE 272. SIGNATURE	3. SEX 1. RACE 3. SEX 1. RACE 3. SEX 1. BIRTHPLACE (STATE OREOREGN TO CITIZEN OF WHAT COUNTRY) Tennessee 1. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NUR VENOT BY SUCH TACKITY GIVES SITE 1. STATE 1. STATE	3. SEX 14. RACE 15. DATE OF BIRTH 16. BIRTHPLACE (STATE OR FOR PIN) 176. BIRTHPLACE (STATE OR FOR PIN) 176. BIRTHPLACE (STATE OR FOR PIN) 176. CITIZEN OF WHAT COUNTRY? 18 MARRIED NEVER MARRIED NE	3. SEX CRACE S. DATE OF BRITH S. AGE (INTERASIAS) BRITINGS S. AGE (INTERASIAS) BRITI

PERCHASION OF THE STATE OF THE

				STATE OF	MAKTLAND		10 3 6 2
	1	FOR	DEPARTI	MENT OF HEAL	TH AND MENTAL HYG	IENE &	9001
(D)	1 -	STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.	
	1 DEC	EASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
oy be oge 3 death		Dewey	Delmar	Shifle	tt, Sr.	7	10 94 5:25 AM
tar. page after dec	3. SEX	-4	4 RACE	5. DATE OF B		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.	Ма	le	White	MONTH 3	1 190 P	76 YRS	MONTHS DAYS HOURS MIN.
Pog dire		THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	1	9 BALTIMORE CITY OR COUN	
death.		rginia	U.S.A.	WIDOWED [NEVER MARRIED	Baltimore Ci	Ltv MD.
		Y OR TOWN OF DEATH	11). NAME OF HOSPITAL NURSIN			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
offer d win			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS]		TYPE OF WORK FOR MOST OF WORKING	
by the		ltimore	Francis Scott		led.Center	Boilermaker	Beth. Steel
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after aspiral or attending physician. ECTOR, After this certificate has been signed by the attending physician and completely filled in by the idea use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with an electificate prior to burial, cremation, or removal. It at Health and Akerical Hygiene prior to burial, cremation, or removal. In all is marked or Item 18 shows any injury, or other traumatic event, the medical example.	130 5	TATE 1135 CO	unty 13 City or tow 1timore Dundal	/N ¶13d	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
thin 2 sho	-	THER S NAME			MOTHER'S MAIDEN NA		
with and 2		FIRST	Shiflett		Victoria	WIDDLE	Knight
o min		AS DECEASED EVER IN U.S.			INFORMANT	ADDRESS	Kiiigiit
ond o		ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 216-18-		ettie Shi		ame as 13e
re be refers. Part the m	IAC				CCCIC DIII	IICCC DC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rrificate g physic an pape emoval		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one couse per lipe for (a), (b), an SED BY:	dict.	· lamana	DICCO ST	BETWEEN ONSET AND DEATH
ertificat g physi sanpap remava		IMMED	ATE CAUSE (0)	10 A	MINIONOLI	id onlie	
e death ce tatendin mave carb notion, ar i froumatic			DUE TO, OB AS A CONSEOU	ENCE OF	all Ca	million 1	1.000
affer affan, braum		Conditions, if ony, which gove rise to immediate	(b) OCUA	MOLE	CELICEN	MARONIALL	ING YEMS
by the		cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			0 '
that that a by alease ar off		underlying couse lost.	(c)				
gned n ple burio ry, or	_	PART 2 OTHER SIGNIFICAN	t conditions <u>contributing to</u>	DEATH BUT NO	T RELATED TO THE TERM	IN AL DISEASE OR CONDITION	SIVEN IN PART 110
requires	ō.						
ow rmit prio	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	AS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
he hos	THE					YES NO	YES NO
irySICIAN. The I ding physicion. s certificate has bornal-transit pe Mental Hygiows or Item, 18 shows	GE	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P		t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IS PART OR PART 2)
SICIAI mg ph certifi urial-tr Aental lem	AL	OR CONTRIBUTING CAUSE OF	DEATH	19			
HYS I Me or It	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		I LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING PHYSICIAN: The or attending physician After this certificate he eas the burial-transit painlin and Mental Hygien marked or Item 18 show	×	WHILE NOT WHILE	TAT HOME, STREET, FACTORY, OFFICE,	FARM, EIC)	31.11		
DIN Aft		22s. I certify that (1) (this ha	spital) attended the deceased fram.	710	, 19 24		, 19 0 4 , that (I) (we) last
R ATTEN hospital RECTOR hed for us hed for us tem 21 is		saw the deceased alive	on 7 1 0 19 not) view the body after death.	gy, and t	hat in (my) (aur) apinion	death accurred on the date and l	nour and from the causes stated
OR A he hasp DIREC rached to Dept.		22b. SIGNATURE	1017 view the body offer death.	DEC	GREE		226. DATE SIGNED
0 0 0 70 7		Dl. P	el .	han	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/11/04
by the by the by the ERAL e dete State ANT:		224 PHYSICIAN'S NAME (TY	PE OR PRINT)	2:	e ADDRESS	J OWNER TOWN D. T. T. C.	1.010
TO HOSPITAL TOFUNERAL Should be deto with the State IMPORTANT: H		Glenn Bo	ton		III Pork	Ave. Rolt.	Md
of Shoot	23n F	URIAL, CREMATION, REMOV		NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION	
BP		irial	7/13/1984	Oak La	เพท	Baltimore	Maryland
		INERAL DIRECTOR Duda		- 54.4 13.0		TE REC'D. BY REGISTRAR 25 REG	
DHMH - 16 50M 4/83 (VRA 15, 4)		22 Wise Ave	ADDRESS	MD. 2	21222 JU	L 1 2 1984 Fulia	Davidson-Randello :
(AVW 13, 4)	<u></u>	ZZ WISE AVE	Tide Dulldalk,	1,170 - 7			





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 26 HOUR (TYPE OR PRINT) 84 SHIPLEY HOWARD & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH YEAR 12 12 WHITE 08 75 MALE To BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED COUNTRY WEST VIRGINIA U.S.A. BALTIMORE CITY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK EOR MOST OF WORKING LIFE) INDUSTRY BRAKEMAN RATLROAD S. CAREY STREET BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13b COUNTY 13e.STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 111 S. CAREY STREET, 21223 YES K NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME RUSSELL SHIPLEY PHILLIPS MAUDIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1928-1931 320 S. PULASKI ST., 705-10-8385 CHARLES SHIPLEY 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES | 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

211 LOCATION

PHYSICIAN DIRECTOR PHYSICIAN

(our) opinion death occurred on the date and hour and from the causes stated

22e ADDRESS

and that in

LOUDON PARK

WILKENS & PINE HEIGHTS AVENUES

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

BALTIMORE CITY

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

07-12-84

LIE FITHER NOTIEY MEDICAL EXAMINER

224 PHYSICIAN'S NAME THE DRING

RAYMOND D. BAHR

21d INJURY OCCURRED

77s I certify the

WHILE NOT WHILE

21229

DHMH - 16 50M 4/83 (VRA 15. 4)

ld b

24 FUNERAL DIRECTOR

BURIAL

230 BURIAL CREMATION, REMOVAL

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

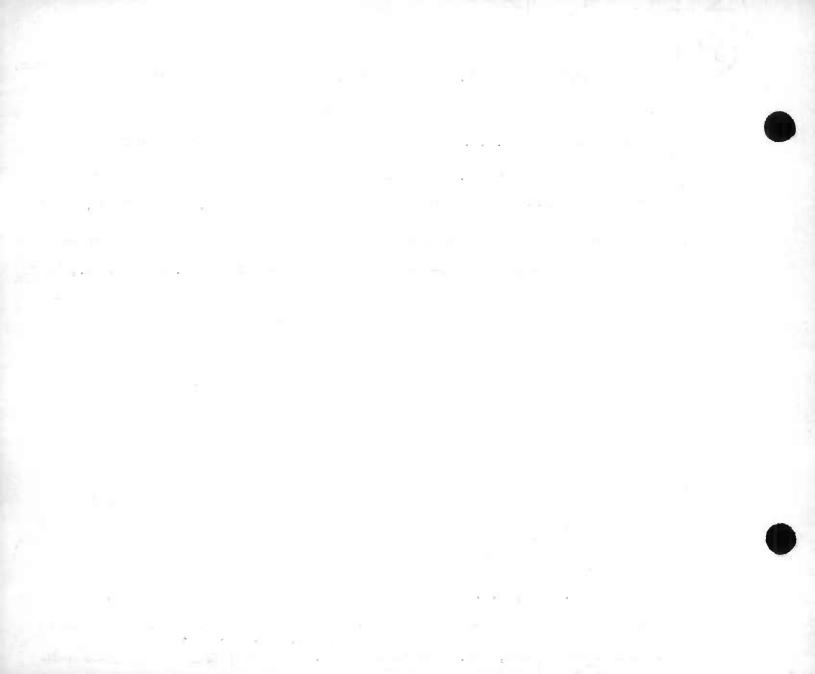
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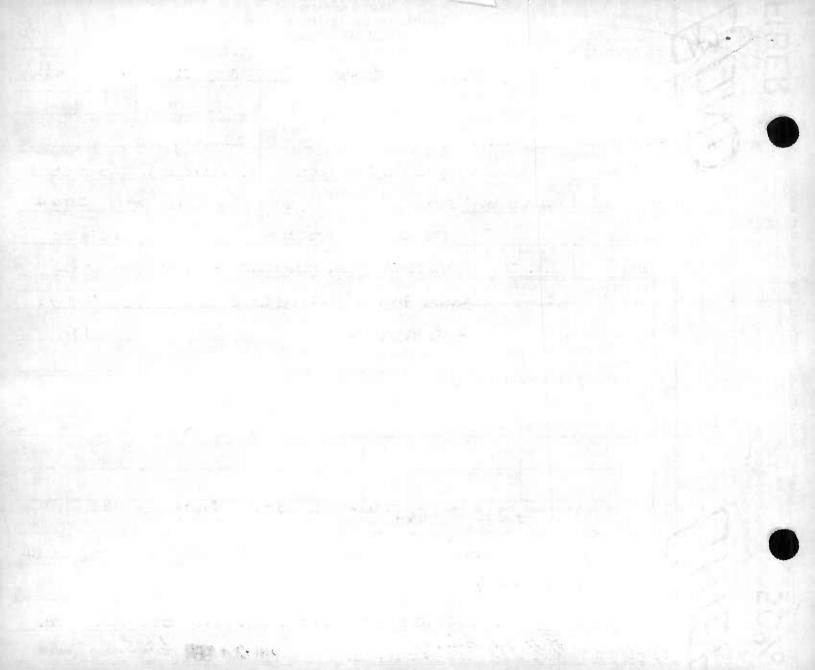
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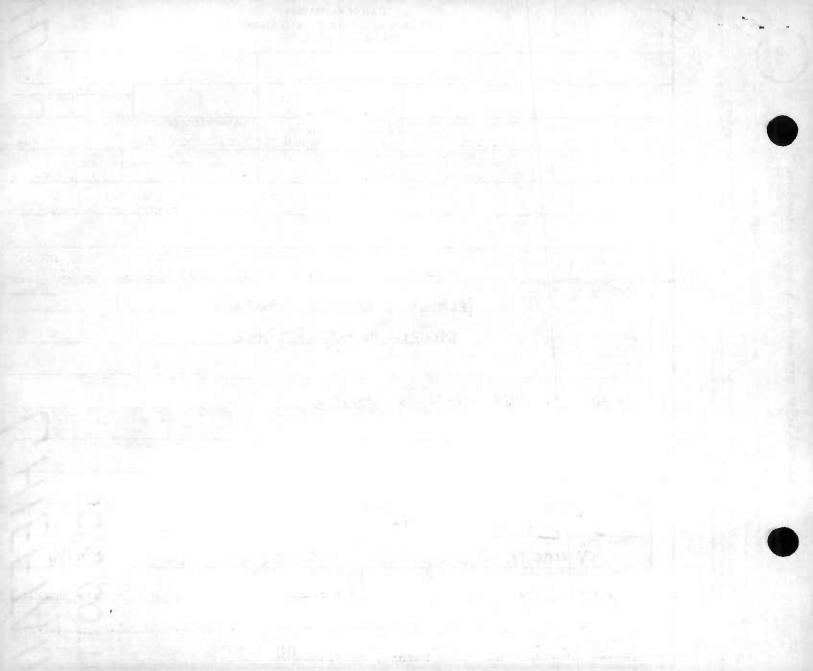
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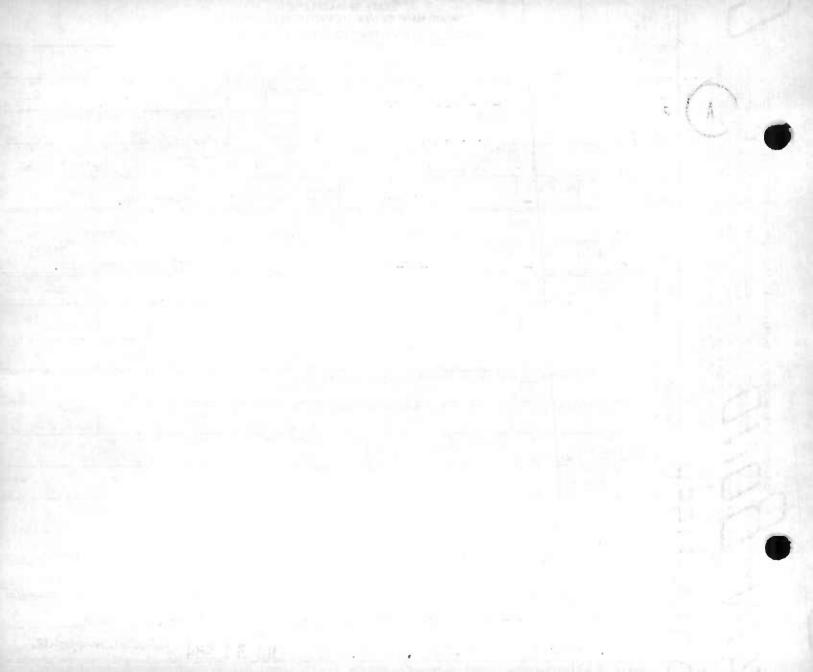


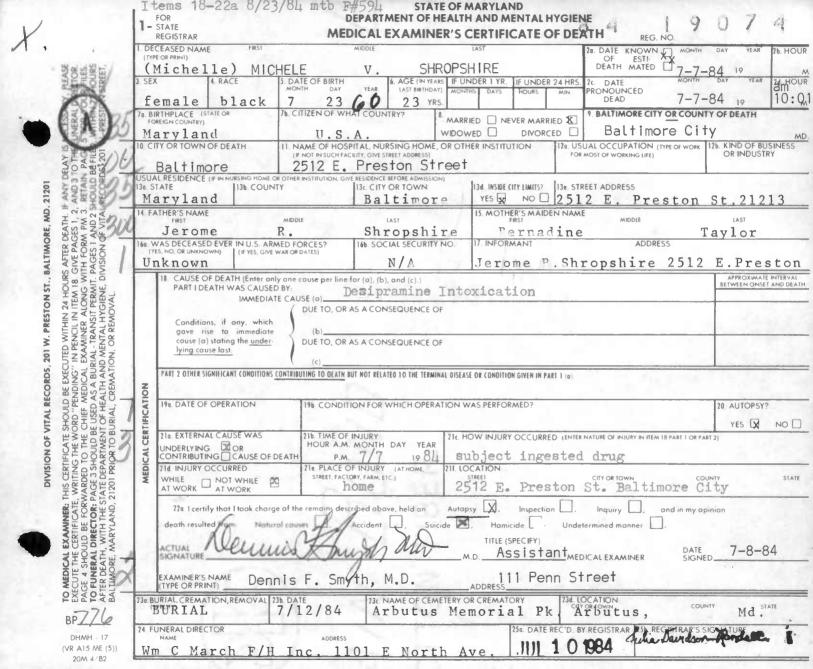
- 1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	PIENE 3 4	9071
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	The Date of Death	AY YEAR 2b. HOUR
	Mayna	4	Shoemaker	July 10, 19	984 A.
3. SE	Male	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	M	ONTHS DAYS HOURS MIN.
1100	INTHPLACE (STATE OR FOREIGN	White The CITIZEN OF WHAT COUNTRY?	Nov. 13, 1914	9 BALTIMORE CITY OR COUNTY	OF DEATH
(g/ /s	COUNTRY)		MARRIED WEVER MARRIED		OFDEATH
0	est Virginia	U.S.A.	WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	Baltimore City	12b, KIND OF BUSINESS OF
11/		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
	Altimore JAL RESIDENCE LIF NURSING HOME O	4201 Pennington	n Ave.	Mechanic	I Glidden Pair
13a	STATE 136. COU	NTY 13c. CITY OR TOW	VN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	alang
	aryland /	// Baltimro	DE YES NO 15 MOTHER'S MAIDEN NA	4201 Pennington	Ave. Apt.205
E/1/	Pavid	MIDDLE LAST	FIRST	MIDDLE	LAST
3/3/5	WAS DECEASED EVER IN U.S. AF	Shoema RMED FORCES? 1166 SOCIAL SECT		ADDRESSOOO	New York Ave.
ğ		VE WAR OR DATES)			
Pe I		/ / / 233/14/8		maker (Son) Balto.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nt.	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), or ED BY:		1	BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (0) PROBABLE	MYOCARDIAL INFAN	2910N	
y, or other troumotic	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF	MNAL DISEASE OR CONDITION GIVE	N IN PART Ito
NO No	Street Per	PHERAL VASCULA	of DSEASE.		
R shows ony injur	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
77 /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IB PA	RT 1 OR PART 2)
d or frem	214 INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY ON TOWN	C /
¥		ital) attended the deceased from	March 1982	10 1/10	9 that (I) (we) lo
21 is	saw the deceased alive a	March 12 19	, ond that in (my) (aur) apinion	death occurred on the date and hour	ond from the couses stated
Te a	22b. SIGNATURE ()	or yview the body after death.	DEGREE		22c. DATE SIGNED
= //	doraine	- M. Saller	ATTENDING PHYSICIAN V	MEDICAL STAFF DIRECTOR PHYSICIAN	7/11/84
T A CHARLES	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22ª ADDRESS	1	77746
	Dr, Loraine	M. Dailev	517 Benfield	Road Suite 301	21146 Severna Park N
23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY) Burial	G.	len Haven Memorial	Prk.Glen Burnie	A.A. Md.
	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
S	ingleton Funera	al Home Glen Bur	mio Maryland	1 2 1984	· v . inacoc





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-SHRIVER RITA DEATH MATED 29 1984 4 RACE & AGE (IN YEARS | IF UNDER I YR. 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 26 P M FEMALE 4-16-1914 70 YRS DEAD 1984 76 CITIZEN OF WHAT COUNTRYS In BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED PFOREIGN COUNTRY U.S.A. WIDOWED TO MARYLAND DIVORCED Baltimore City ES 1, 2, AND 3 TO THE FU PM 3. RETAIN PAGE 5 IND 2 SHOULD BE FILED. ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Wrapper Retail Food Church Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 2309 Eastern Ave. Maryland YES X NO [FORM PM 3. SES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 MIDDLE MIDDLE FIRST John Dresslar Anna Deasel 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 21239 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-22-5711 William Shriver 6402 Loch Crest Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hypertensive & arteriosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES NO X DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 714 INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY TO MEDICAL EXAMINER: THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER BEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2 X 22a. I certify that I took charge at the remains described above, held on Autopsy Inspection and in my opinion Notural causes X Undetermined monner death resulted from: Homicide TITLE (SPECIFY) ACTUAL 7-30-84 M.D. Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 23a BURIAL, CREMATION, REMOVAL 23b DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Green Mount Cemetery Baltimore, Maryland BP 24 FUNERAL DIRECTOR George A. Weber & Sons Inc. 705 S. Ann St. 21231 **DHMH** - 17 Gulia Davisson Gondall (VR A15 ME (5)) 20M 4/82





AND 1 0 884 St. July 1 10 110

							Control Control		
	1	FOR STATE REGISTRAR		D		HEALTH AND MENTAL HY	0 -1	190	
1		CEASED NAME	FIRST	MIDDLE		LAST	REG. NO.	DAY YEAR	2b. HOUR
)	- {1At	E OR PRINT)	LOUIS	w.	SHR	ROYER	7-22-8	4	3.13
	3. SE	X	4. RAC	Œ	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24
		Male		White	Oct.		96 YI	RS.	HOURS
Ge.	70-8	IRTHPLACE (STATE OR FO	OREIGN 7b. CIT	IZEN OF WHAT CO	UNTRY? B.	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
35		MD		USA	WIDOW	ED X DIVORCED	Baltimore		
/ Marked	10.0	Baltimore	(16	AME OF HOSPITAL, NOT IN SUCH FACILITY, G _utheran	IVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKE Salesman	NG LIFE) INDUSTRY	of Busines
2	USU	AL RESIDENCE (IF NURSIN				ALTER BUSINESS CITY ALLERS	13e. STREET ADDRESS	1 10.0	5111010
25	130.		Baltimo		^kville	13d. INSIDE CITY LIMITS?	3137 E. Jos	nna Rd.	212
e i	14. F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	pa rar	
1530	1	Lewis	WIDDLE		oyer	Elizabe	th	Schwai	rz.
0		WAS DECEASED EVER I		ORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS		
Z dico		NO OR UNKNOWN)	(IF YES, GIVE WAR O		03 8725	Louis Shro	yer, Bethesd	a. MD	
ŧ.		18. CAUSE OF DEATH	LiEnter only one					APPROI	XIMATE INTERY
her troumot		Conditions, if ony, gave rise to imm cause (a), stating	which dedicate the	UE TO, OR AS A CO					
or other troumot		gave rise to immocause (a), stating underlying couse	which lediote last.	(b) UE TO, OR AS A CO	NSEQUENCE OF				
, ber	NO	gave rise to immocause (a), stating underlying couse	which lediote last.	(b) UE TO, OR AS A CO	NSEQUENCE OF	NOT RELATED TO THE TER/	AINAL DISEASE OR CONDITION	GIVEN IN PART)	10
ows ony injury, or other troumot	TIFICATION	gave rise to immocause (a), stating underlying couse	which dedicte the last.	(b) UE TO, OR AS A CO	NSEQUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? 20b. II	FYES, WERE FIND	INGS USED
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or Hem 18 shows ony in	MEDICAL CERTIFICATION	gave rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER. NOTIFY MEDIC.)	which lediote of the lost. DIFICANT CONDITION ION IS ERLYING 21 AUSE OF DEATH AL EXAMINER) ZED 21 LEE 14	UE TO, OR AS A CO (c) TIONS CONTRIBUTION CONDITION FOR The Time of Injury Hour A.M. Mon P.M.	NSEQUENCE OF ING TO DEATH BUT WHICH OPERATION JTH DAY YEAR 19	DN WAS PERFORMED	20a AUTOPSY? 20b. IN CE	FYES, WERE FIND: ERTIFYING CAUSE: YES	INGS USED S OF DEATH
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or Item 18 shows	-	gave rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTION CO	which rediate g the last. UIFICANT CONDITION ION ISPECTATION ISPEC	UE TO, OR AS A CO (c) TIONS CONTRIBUTION CONDITION FOR The CONDITION FOR The Time OF INJURY HOUR A.M. MON P.M. P.M. PLACE OF INJURY THOME, STREET, FACTORY Tended the decease	NSEQUENCE OF NG TO DEATH BUT WHICH OPERATION ITH DAY YEAR 19 (FOR OFFICE FARM, ETC.)	216 HOW INJURY OCCUP	20d AUTOPSY? 20b IIN CE YES NOTER NATURE OF INJURY IN ITER	FYES, WERE FIND ERTIFYING CAUSE YES (A 18 PART I OR PART 2) COUNTY	INGS USED S OF DEATH NO
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injury, ar other troumotic event

IMPORTANT: If them 21 is marked or them 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO				
		CEASED NAME FIRST OR PRINT) BEEN		MIDDLE	50	iegel	20 DATE OF	DEATH M	TONTH D	1/84	26 HOL	
	3. SEX		4. RACE	WHITE	S. DATE C		6 AGE (INY	EARS LAST BIRTH		F UNDER 1 YEAR	IF UNDER	MIN.
5	0	RTHPLACE (STATE OR FOREIGN COUNTRY)	USF		WIDOWE	DEVER MARRIED DIVORCED		PRECITY OR FIMORE				MD
0	6	BACKINGEE	LEVINDA	LE GERIA	TRIC	HOSPITAL		OCCUPATION REPORT OF WIFE			MAKI	
1	13a. S MA	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUT ARYLAND		BALTIMOR	/N	13d INSIDE CITY LIMITS? YES [X] NO []	6935	ADDRESS / BLANC		. (21	215)	
0	14. FA	ATHER'S NAME ISADORE	MIDDIE	DUBANSKY		15. MOTHER'S MAIDEN NO.	AME	WIDDIE		USSMAÑ	S1	
		VAS DECEASED EVER IN U.S. AR YES, NO OR HUKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES)	220-22-		GERALD S	IEGEL 6	935 BI		E RD.	(2121	5)
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per D BY. TE CAUSE (o)	· don	ATIC	CARCINON	4 OF 1	Colo,	٧.	BETWEEN	XIMATE INTE	PVAI DEATH
		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.	(b)_	R AS A CONSEOUI								
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR COND	ITION GIVE	EN IN PART 1	la '	
2	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	OPSY?	IN CERTIF	, WERE FINDI YING CAUSES		TH?
9	MEDICAL CER								IN ITEM 18 PA			
	MEC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED STREET CITY OR TOWN STREET								COUNTY		STATE
		270 I certify that (1) (this hospital) attended the deceased from										tated
		276. SIGNATURE	L'à			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	PHYSICI	AN [7-	21- 1	84.
1		SET	HTWA	R		200 ADDRESS Levi	indale erdere	Ave	Balta	geriat	1,215	Ctr
		BURIAL, CREMATION, REMOVAL URIAL	23b. DATE 7-22	-84 BA	NAME OF C	RE HEBREW CE	M. RET	STERS?	rown,	BA'LTO,	MD'A	STATE

DHMH - 16 50M 4/83

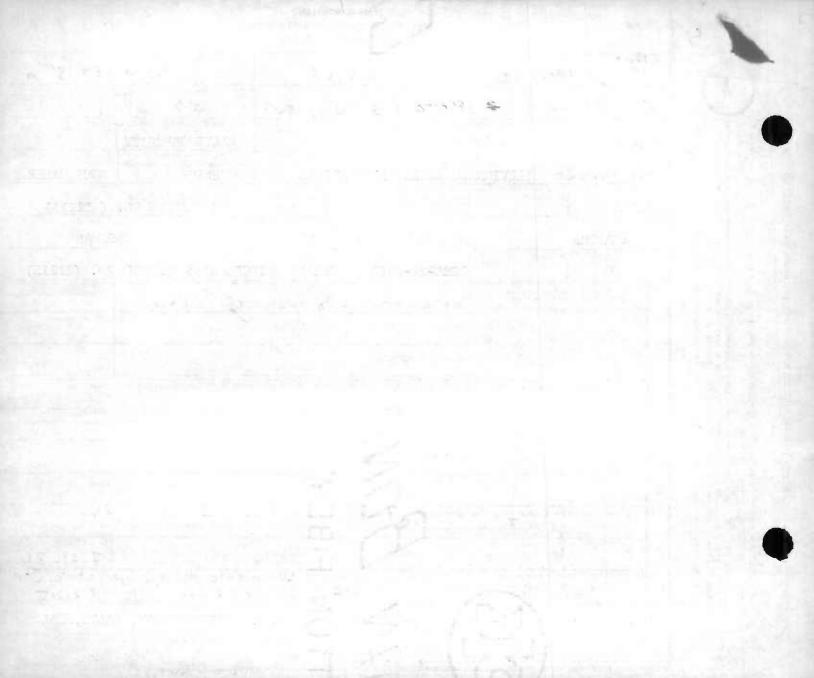
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending pill should be detached for use as the burial-transit permit. Then please remove carbain with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

etained by the hospital or

BP.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) (VRA 15, 4)

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

1					STAT	E OF MARYLAND					-10
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r)		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARR	- 1	9. BALTIMORE CITY O		TH	
-	10. CI	TY OR TOWN OF DEATH	USA		G HOME C	DIVORC		BALTIM 12a USUAL OCCUPATE	ORE CITY	(IND OF	MD. BUSINESS OR
0	B	Alto. M.D.	LEUIN		prew	GertA	tric	HOUSEW	FR A	T HC	OME
B	13a S	AL RESIDENCE (IF NURSING HOME STATE 13b CO ARYLAND		GIVE RESIDENCE BEFORE 134 CITY OR TOWN BALTIMOR	N	134 INSIDE CITY LI YES XX NO		2500 W.BEL	ZIP CODE VEDERE AV	/E. #	21215
	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAI	IDEN NAM	AE MIDDLE		TAST	
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		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	212-74-5		9049 MEA		R WARANCHORE HTS. RD. RA		VN, N	AD 21133
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		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIT	DEATH HOUR A	DE INJÜRY ,M. MONTH DA .M.	YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM TO PART TOR F	ART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	wn cou	NTY	STATE
		270 1 certify that (1) (this hose sow the deceased alive above, of (we) (did) (and 27b. SIGNATURE	on	1/29/19		DEGREE ATTEN	opinion d	AEDICAL STAF	22c	,	
		224 PHYSICIAN'S NAME (TYP	E OR PRINT)	Tui	V	22e ADDRESS	ind	ale gon	atric	Ho.	spotal
	23e. E	BURIAL, CREMATION, REMOVA (SPECKY) BURIAL	JULY 3	31,1984 TZ	MECH	SEDEK VE	*SHOM	RET HABATH	BALTIM	DRE	MD STATE
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and a		STATE 136 COL	JNTY 13c CITY OR TO		13d INSIDE CITY LIMITS		Maryland	
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e s			pital) ottended the deceased fram	n 7-2	19 8	4 , to 7- 30	. 19 84	, that (I) (we) last
21 15		saw the deceased alive a	in	,, a	nd that in (my) (aur) opin	ion death occurred on the d	ote and hour and fram	the couses stated
Hera		22b. SIGNATURE	at view tije budy after death.		DEGREE		22¢ D.	ATE SIGNED
		-Relate	they -		ATTENDING PHYSICIAN		FF CIAN C	7-31-84
X -	1	22d. PHYSICIAN'S NAME (TYPE	OF PRINT)		22e ADDRESS	Janeerok _ IIII sk		
MPORTANT		Relph M	Howard	~0	926 W	North AL	e Belto	14/1/17
IMPORTANT:	23o	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATOR	RY 23d LOCATION		1 10/2/201
		(SPEC#Y) Burial	8/4/1984 A		Memorial Pa	CITY OR TOWN	Baltimore,	Maryland
76	24	Vultuer & Sons	2501 Gwynns Fa			DATE REC'D. BY REGISTRAR		
		NAME	Baltimore, Mary		-	AUG 3 1984	Wia Davidso	m- Randelle
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(TYPE OR PRINT)

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

FIRST

1. DECEASED NAME

12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home 13e.STREET ADDRESS / ZIP CODE 123 W. 29th St. Baltimore, Maryland 21218 LAST Young 2850 N. Charles Street Balto. Md. Apt. 12 A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY CITY OF TOWN STATE and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated 220 DATE SIGNED 7(8/84 PHYSICIAN DIRECTOR PHYSICIAN UNION MEMORIAL HOSPITAL 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY 7/12/1984 Arbutus Memorial Park Burial Baltimore, Maryland 75a DATE REC'D. BY REGISTRAR 75b. REGISTRAR'S SIGN QUE 24NVIETABREETOSONS 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2h HOUR

HOURS

IF UNDER 24 HRS

IF UNDER 1 YEAR

20 DATE OF DEATH

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DHMH 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE INDUSTRY 21216 136. SIREELADDRESS 1216 OAKHURST PLACE Watts Robert Robinson 1216 Oakhurst Place APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN TOTRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 236. DATE BURIAL 7/9/84 Baltimore, Md ATE Mount Auburn Cem. 24 FUNERAL DIRECTOR Wm C March F/H Inc. 1101 E North Avenue JUL 5

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

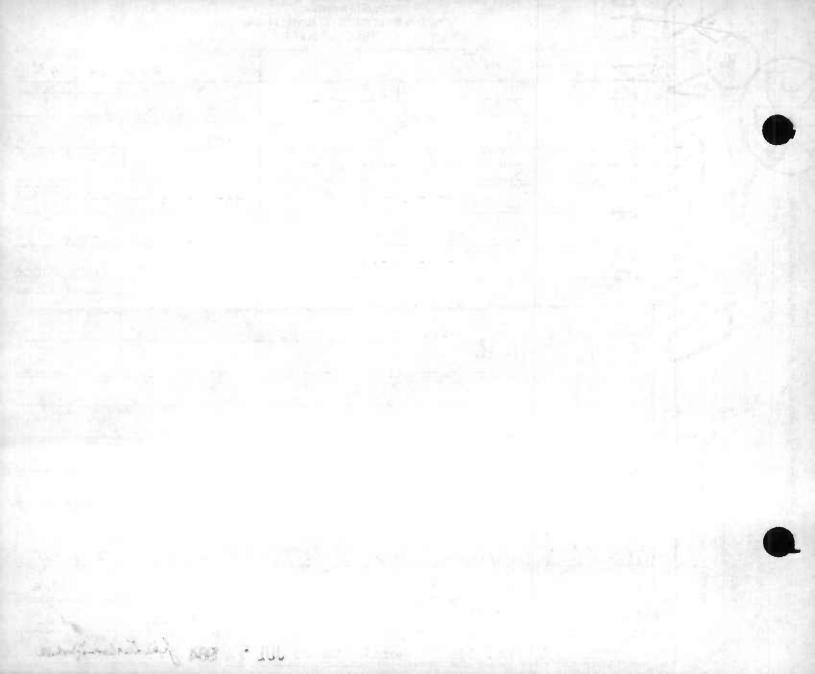
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1		ARYLAND			WIDOWE		DIVORCED []	BALT	IMORE	CIT	ľΥ		MD
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	ME			T FACTORY OFFICE, F	ARM ETC)	51	REET		CITY OF TOWN		COUNTY		STATE
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		sow the deceased alive or above, (1) We (did)(did no	ot) view the body of	fter death.	, or	id that in (my) Our) opinion	death accurre	d on the dote	ond hour	-		
		226 SIGNATIONE	1 .0			DEGREE					TR. DATE	SICHED	
	10	MICharl &	ristan		Y	nO	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	NX	14/	Y/X	4
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADD		N. WO	FE S	T. B	ALTO.	MD	100
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_	220 0	BURIAL CREMATION, REMOVAL	23b, DATE	22. 1	JAME OF C	EMETERY	OR CREMATORY	23d LOCA	TION	11.00	14	MU	111
		CREMATION					JA CREMATORY	CITY	ORTOWN	0	COUNTY		STATE
	24 51	CREMATION	7/4/8	04.	J.	HH	125- DA	1 600			ST.	BAL	TO.

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene priar to burial, cremation, v

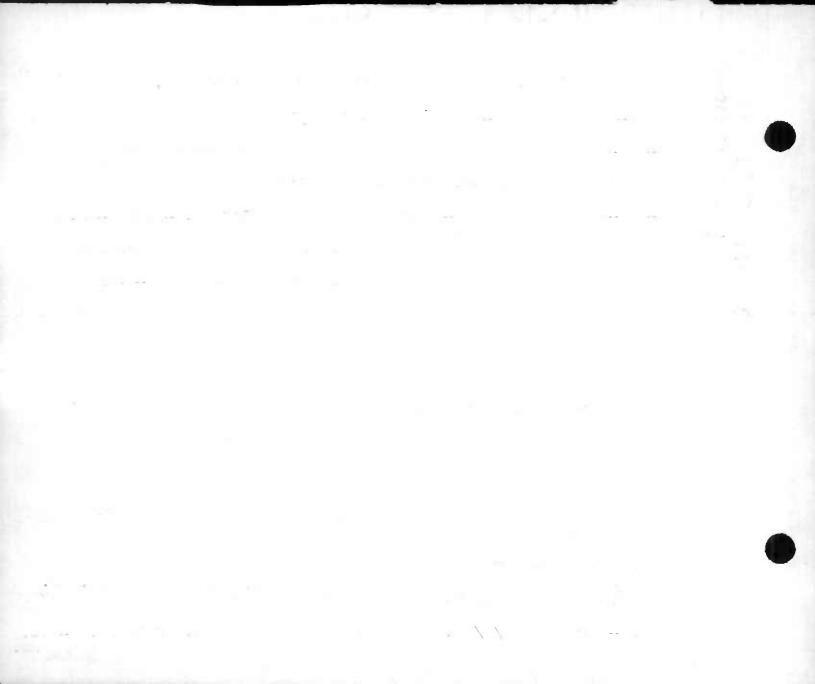
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4 FUNERAL DIRECTOR NAME

ADDRESS

JUL 3 0 1984

arysh registrar's signature



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William C March F/H Inc. 1101 E North AVenue

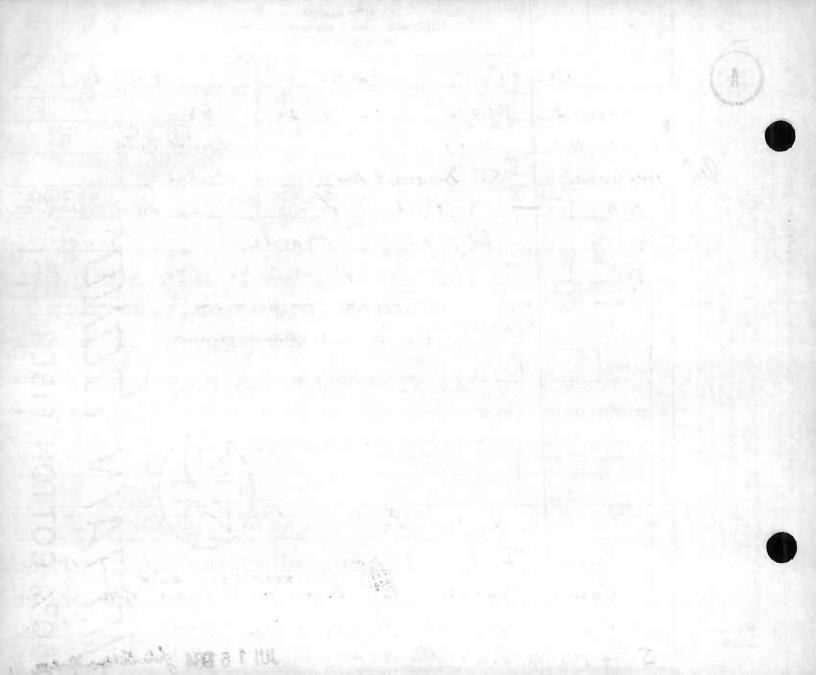
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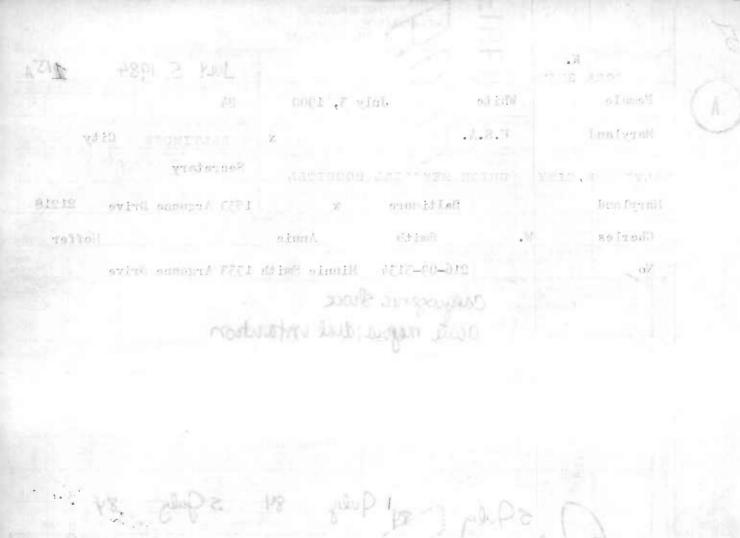
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	,	FOR	RACE							
		· STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
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	1 05									
	3 SE	× ==		MONTH DAY YEAR	1 3					
2/1	70. BI	RTHPLACE LISTATE OR FOREIGN		8	11/10	OF DEATH				
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10	10 C	BALTIMONE.			LITYPE OF WORK FOR MOST OF WORKING LIFET	12h KIND OF BUSINESS OR INDUSTRY				
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medico			WAR OR DATEST		oper 6703 L	berly Rd.				
the the		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), on	d (c·.)		BETWEEN ONSET AND DEATH				
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= -		Com	Lacobs	PHYSICIAN E	DIRECTOR PHYSICIAN	7-13-54				
DRTAN		22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS 522	s your had	4353900				
MPORTANT:		Cosmo		GULANS H	lealth CENTER. A	ALTS MA ZIZIZ				
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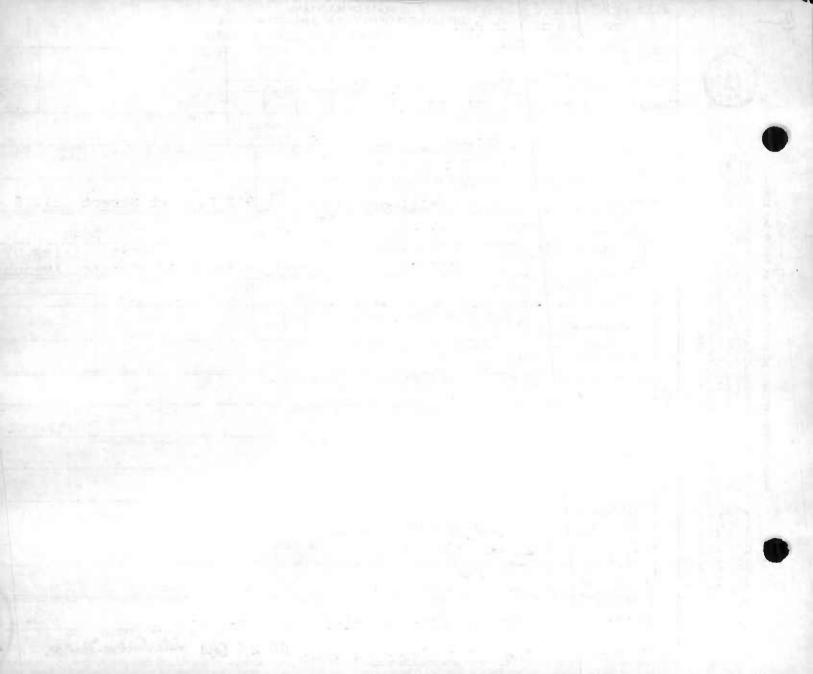
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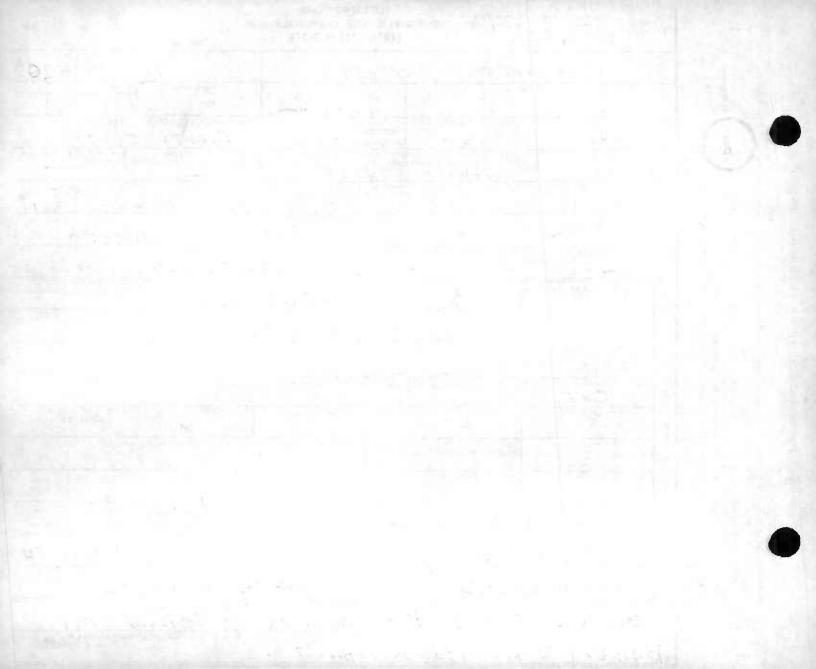
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PARTIES SERVICE SERVIC	FC	RTHPLACE (STA	TE OR		WHAT COUNTRY?		RIED NEVER MARE	RIED	ALTIMORE CITY Baltimo	OR COUNT	Y OF DEATH	ME
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TO MEDICAL EXAMINER: THIS CI EXECUTE THE CERTIFICATE. WRIT PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH. WITH THE STATE BALTIMORE, MARYLAND, 21201		AT WORK	AT WORK that I took charge I fram: Natu	ral causes X	Accident ,	Suicide	Homicide , TITLE (SPECIFY) A.D. Assistan	Undetermi	nquiry ned manner LEXAMINER Balt		7/25/	
BP	(ON, REMOVAL		23c NAME OF	CEMETERY	OR CREMATORY al Park 250. DATE	23d LOCAT	TION DWN BISTRAR DS RE	COUN GSTRAR'S S		Md.
DHMH - 17 (VR A15 ME (5)) 20M 4/82	Wm		ch F/H		101 E No	cth A	venue JUL	27198	14 Juna	Davidson	- Mondes	2 1



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME AKA 20. DATE KNOWNXX LISA 7h HOUR CRAIG ANN LIVPE OR PRINT) OF ESTI-LISA ANN SMITH 1984 5. DATE OF BIRTH A AGE UN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 7:40 29 66 18 FEMALE WHITE 1984 P. M 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED DIVORCED Baltimore City D CITY OR TOWN OF DEATH OR INDUSTRY Clerk-Fast Food McDonald's Baltimore 5300 blk. Windsor Mill Road 21061 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 13c CITY OR TOWN Glen Burnie 502 W. Furnace Brance Rd. A.A. Maryland NO T 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Brent Smith Shirley Kahmer 166 SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 21061 502 W. Furnace Branch Rd. 214-88-8044 Brent O. Smith 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES XX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR XX MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 7: 25 P.M. 7-30 occupant in auto/auto impact 21L LOCATION 21e PLACE OF INJURY (ATHOME. PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SAFTER DEATH, WITH THE STATE DE BALTWORE, MARYLAND 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK XX 5300 blk. Windsor Mill Rd. Baltimore, Md. road Autopsy XX 22a. I certify that I took charge of the remains described above, held on Inspection Accident XX Suicide Hamicide Undetermined monner death resulted from Natural cours JITLE (SPECIFY) M. Assistant 7-31-84 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria1 8/3/84 Loudon Park Cemetery Baltimore BP 250. DATE REC'D. BY REGISTRAR 250 REGISTAAR ARE 24. FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VR A15 ME (5)) 20M 4/82

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		ECEASED NAME FIRST		MIDDLE		FICATE OF DEATH	REG. NO	O. MONTH DAY	YEAR 26 HOUR		
page 3		MARG	ARET		sm	Th	7 1-11-84 5:20				
e 4 may ctor, pag s ofter de	3. S	EX 7	4. RACE		S. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.		
ON	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	IGN 76. CITIZEN OF WHAT COU		MARRIED WEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF D		DEATH MD		
VIII	10	BALTO		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OF BUSINESS OR		
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he low re on. hos beer t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NO NO		E FINDINGS USED CAUSES OF DEATH?		
PHYSICIAN: The ending physicio this certificate the buriol-transit ad Mental Hygie dor them 18 sho			AIR	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR	PART 2}		
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or or se o		22a.1 certify that (I) (this has			7/ VU	nd that in (my) (our) opinion	death accurred on the de	19_2	tom the course stated		
A L B e d e		sow the deceased alive o obove, (I) (we) (did) (did n	at) view the body	after death.		DEGREE		22	2c DATE SIGNED		
PITAL by th ERAL e dete Stote	4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	was		MID ATTENDING PHYSICIAN [MEDICAL STAI	IAN 🔒	7/11/84		
TO HOSPITA retained by TO FUNERA should be di with the Sto		BICH T	DUON			WITHER		PITAL	ton .		
BP	230	BURIAL, CREMATION, REMOVA	7/14	184 K	NAME OF	Mem Pt	23d LOCATION OF YOR TOWN	Town	md STATE		
DHMH - 16 50M 4/82	24	FUNERAL DIRECTOR	17	ADDRESS	7	250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE DE		



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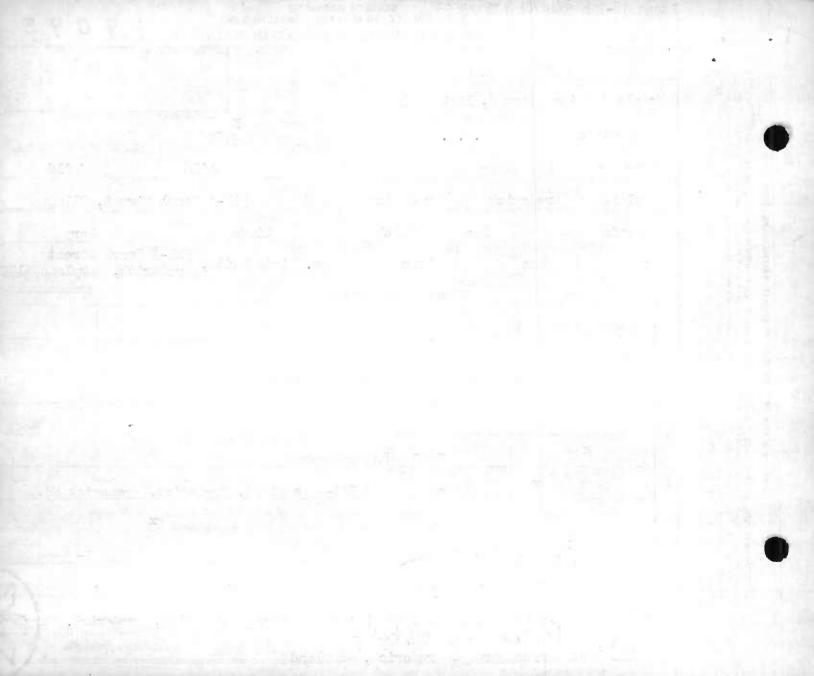
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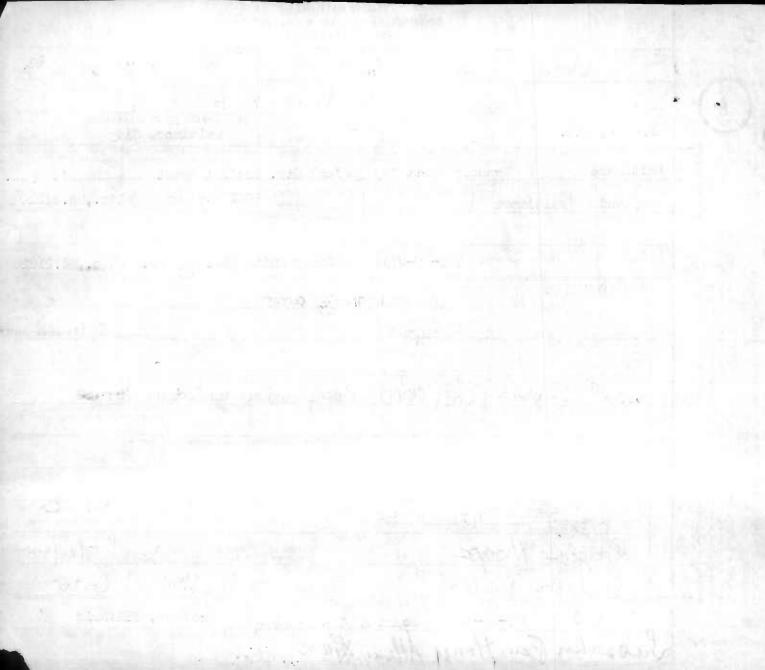
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN KT DECEASED NAME MONTH (TYPE OR PRINT) ESTI-VALERIE SMITH DEATH MATED 22 19 84 Ann 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH SEX 2c DATE 2d HOUR Aug 8, 1982 AST BIRTHDAY PRONOUNCED :50 Female White 19 84 DEAD YRS RTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED [DIVORCED Baltimore City CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Child OR INDUSTRY Baltimore Child Johns Hopkins Hospital USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI OUNTY 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frederick 521-A Pearl Street, 21701 Frederick YES X NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE David Lee Smith Linda Clary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 7 INFORMANT (YES NO, OR UNKNOWN) Pearl Street (IF YES_GIVE WAR OR DATES) Mrs. Linda Smith, None Frederick Maryland 2170 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Closed head trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIA YES X NO | DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20 1004 (unknown 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 A AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK 521-A Pearl St. Frederick. Frederick Md. home X 22a | certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7-23-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAM Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 ADDRES: 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1984 Mount Olivet Cemetery Frederick, Frederick, Marylan 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Momith, Keeney July Davidson Rondalle Funeral Home and (VR A15 ME (5)) 106 East Church Street Frederick.

STATE OF MARYLAND

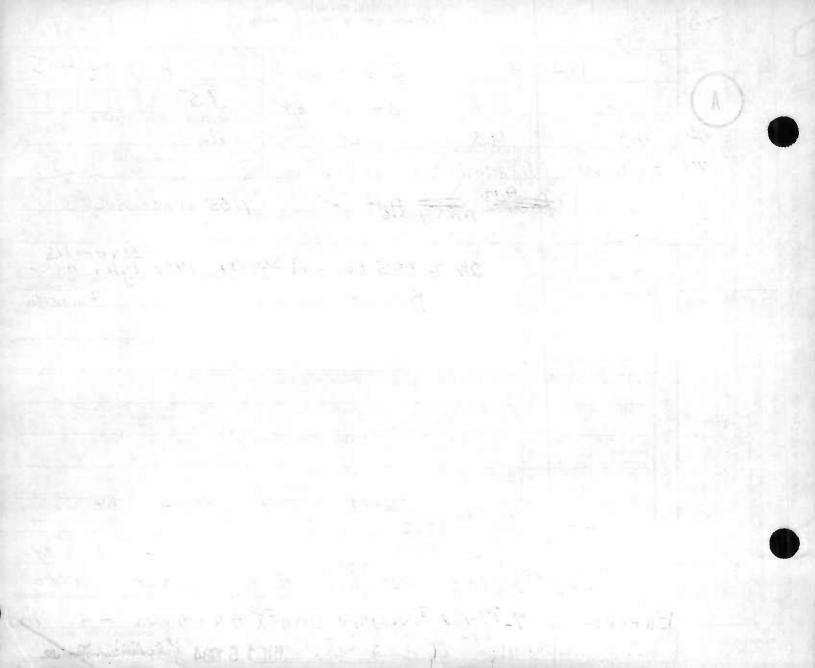
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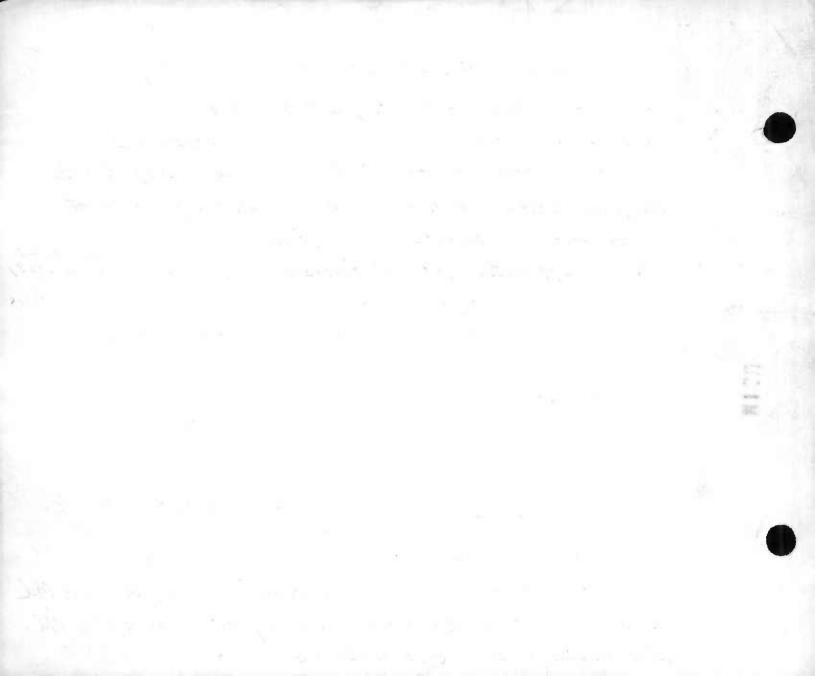


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6	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.
n <u>4</u>		CR PRINT) PIRST	SNOWDEN TO DEN TO DEATH MONTH DAY YEAR 126 HOUR 7 13 84 455
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35		AL RESIDENCE (IF NURSING HOME OR O TATE 13b. COUNT	THE RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 130.STREET ADDRESS / ZIP CODE ,
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olease remove corbinal, crematian, or or or other troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)
ta bu	N O	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
Mental Hygie		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
and	MEDICAL	Z1d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET CITY OR TOWN COUNTY STATE
eolth mar	3	220.1 certify that (I) (this haspital saw the deceased alive on	7.12 011
of H 21		obove, (I) (wet fold) (did not)	
ate Dept. of H		22b SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 7. 13-85
d be detached for the State Dept. o			DEGREE ATTENDING MEDICAL STAFF 72. DATE SIGNED
State D	230 1	226 SIGNATURE 226 PHYSIC AS NAME (1989)	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7- 13- 85



9	1.	FOR STATE REGISTRAR	DEP	STATE LAND ARTMENT OF HEALTH AND MENTAL P CERTIFICATE OF DEATH	AYGIENE 8 4	19098
		CEASED NAME FIRST OR PRINT) BRYA	MIDDLE	, SNYDER	20. DATE OF DEATH MONTH	2:1841
	3. SE		C whi	5. DATE OF BIRTH MONIH DAY YEAR	6. AGE IN YEARS LAST BIRTHDAY)	# UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
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1118	51	TY OR TOWN OF DEATH BAHIMORE TRESIDENCE HE NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE:	251+Y	120 USUAL OCCUPATION LAYPE OF WORK FOR MOST OF WORK COMPLETE TECHN	
in 24 ho should be	130	STATE NAME		TOWN, 13d. INSIDE MY LIMITS YES NO 1 15 MOTHER'S MAIDEN	225.GR	CEENE ST
omplete		DAVID	SNY	DER MASRY	ADDRESS	Weiken
an and o		VAS DECEASED EVER IN U.S. AR YES, NO QR (NKNOWN) (IF YES, GIV	WAR OR DATES) 215-82	SECURITY NO. 17. INFORMANT		yder - Sykes ville,
that the death certificate by the attending physic ease remove carbon pape of, cremation, or removal, is ather traumatic event, the		18. CAUSE OF DEATH. (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse to), stofing the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF ED HEAD INURY	Att.	APPROXIANTE INTERVAL BETWEEN ONSET AND DEATH
e law requires on signer nos been signer permit. Then pl ne prior to buri	CERTIFICATION		196. CONDITION FOR W RICHHEND	TO DEATH BUT NOT RELATED TO THE TILL THE STREET STREET TO THE TILL THE TO DEFENT ON WAS PERFORMED.	200 AUTOPSY? 20b. IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
SICIAN: The ng physicia certificate I unal-transit ental Hygies Item 18 st	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 71d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH 3:45 ACK 7-2	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	YES NO NO NO NAME PARTION PARTIES ixed object impac
or ottendi	WED	WHILE NOT WHILE X	21e, PLACE OF INJURY LAT HOME, STREET, FACTORY, OF road	old Court F		Balto. Md.
OR ATTENION Properties to the properties of the		27e.1 certify that (1) (this hospi saw the deceased alive an above, (1) (we) (did no 27b. SIGNATURE		DEGREE	whath occurred as thin vate and	A DATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL IS should be defo with the State Characteristics.	1	12d. PHYSICIAN'S NAME (TYPE OF LAND)	HINEE	27 ADDRESS MI 22 South	EHSS GREENE STREE	0
BP		BURIAL, CREMATION, REMOVAL	8-3-84	Spring Field Cettle te	23d LOCATION SITY OF TOWN DATE REC'D. BY REGISTRAR 25 PR	e CARPALL Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	1	HAME YIL HALO'X	1 Sukesvill	ESS OF	UG 1 1984	a Davidson-Randelle





MIDDLE

- STATE

(VRA 15, 4)

REGISTRAR

DECEASED NAME

13e.STREET ADDRESS / ZIP CODE Wellington Rd. 21212 Henry William G. Somerville 915 Welliam G. somerville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death occurred on the date and haur and liam the causes stated 22c DATE SIGNED PHYSICIAN Hasp STATE Cremation 7-31-84 Baltimore Greenmount Cemetary MD74 FUNERAL DIRECTOR REC'D. BY REGISTRAR 266. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 William E. Johnson 8521 Loch Raven Bly

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

02

IF LINDER LYEAR

INDUSTRY

20. DATE OF DEATH

of Attack to the sound of the s Line of hear perform the last heart make by The state of the control of the cont

	1	500		STATE OF MARYLAND		20 1 25 1
0	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9 1 0 1
		CEASED NAME FIRST OR PRINT)	AIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
7 11	,	COUIS	JOSEPH	SOUL	JULY >	7 1984 M
6.Ei)	3. SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	1	MALE	WHITE	FEB. 28 19/2	727 YRS	ALL
72 he		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	12-2	TY OF DEATH AD
y the fun	10. ⊂	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETIRED	126 KIND OF BUSINESS OR
lled in b	130 5	1,-,-	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	21224
nd 2 sho	-	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE	LAST
E O	1140 1	* DOSFP/1 VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	KOCI
Poges I			IVE WAR OR DATES)		ADDRESS	
ers. P		NO	218-03	-6413 MARLE	704L 1163.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the Then please rer to buriol, crem njury, or other	NO	couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
giene prior shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
riol-tronsit entol Hygie tem 18 sho		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2)
S A P	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
After the e os the olth one		AT WORK	sitely estanded the decreed from	MARCH 3 10 8	7 . 74/27	19 20 that M(we) lost
for us of He 21 is		sow the deceased aliver	pital) attended the deceased from. 1 4 19 19 19 19 19 19 19 19 19 19 19 19 19	74, and that in my (our) opinio	n death accurred on the date and he	
DIRECTOR DO POTE OF THE POTE O		226. SIGNATURE		DEGREE	MEDICAL STAFF	224. DATE SIGNED
NERAL D be detoc e Store D TANT: IF		Madel	7		DIRECTOR PHYSICIAN	1-4-84
P. P		Jose ARD	ALZ, MD	7838 East	tern Avenue . P	altimore, md
sho sho	23a E	SURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
3P	B	URIAL	JULY 10, 1984 G	ARDENS OF FAITH	4 ROSSUELLE	BACTO. MO
H - 16 50M 4/82	24 FI	INERAL DIRECTOR	ADDRESS	250 D	ATE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
		7	MDDRESS W	total a market a	A 4 AND A GUMA	المرام المراما ما المرام المرا

12 p 2 2 CH2 Commission of the Commission of the BOA of the Commission of the C

	1 - ST RE				DEPARTA		EALTH AND	MENTAL HYG DEATH	0	REG. NO.	1 5) [0 2
	1. DECEA	SED NAME	FIRST		AIDDLE	1	AST	37	28. DATE OF DEATH MONTH DAY			YEAR	26 HOUR
			Norma	n Fr	ank	S	OUTHGA'	TE.		24, 198			8:20An
	3. SEX			4 RACE		S. DATE C		WE AR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	M	lale	71.00	White	е	Feb.		1927	57	YF			noors mile.
	7s. BIRTH	PLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED	9 BALTIMORE	CITY OR COU	NTY OF D	EATH	
7	Engl			Engla	and	WIDOWE		VORCED [Balti	more Ci	ty		WE
	10 CITY C	OR TOWN OF	DEATH		OSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OC			Ib. KIND O	F BUSINESS OR
X	Be	altimor	e /		ryland Ge		Hospit	al	Truck I				minion
1	13a. STAT		136 COUN	other institution.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen Bur	N .	13d. INSIDE (13e STREET ADD			t. J	21061
	14. FATHE	R'S NAME					15. MOTHER	S MAIDEN NA					
C	Pe	ercy		MIDDLE	Southgat	e	Ber	tha	Eliza	beth	Bloo	omfie	ld
		DECEASED ET		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRESS			
4	(YES, P	NO	(IF YES, GIV	/ WAR OR DATES	379/54/3	3632	Mrs. E	stella	E. South	ngate (Wife)) Sam	ne as #1
	C: 9	onditions, if of over rise to ouse (a), sinderlying co	IMMEDIAI ony, which immediate ofting the ouse lost.	DUE TO, OI	line for (0), (b), one Advanced R AS A CONSEQUE R AS A CONSEQUE	meta.						BETWEEN	MAJÉ INTERVAL ONSET AND DEATH
			calcen		ONTRIBUTING TO D	DEATH BUT	NOT RELATE	TO THE TERM	IN AL DISEASE O	RCONDITION	GIVEN IN	4 PART 110)
2	0	DATE OF OPE		196 COND	TION FOR WHICH OUS Cell	Carc	n was perfo inoma right	of the	200 AUTOPS				NGS USED OF DEATH?
7	_ OR	CONTRIBUTING	UNDERLYING CAUSE OF DEA	HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEA	A 18 PART I (OR PART 2)	

21d. INJURY OCCURRED

sow the deceased alive on JULY 24 above, (Maye) (did) (did) (did) view the body after death.

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22. I certify that xix this haspital) attended the deceased from February

211 LOCATION STREET

22e ADDRESS

CITY OR TOWN COUNTY STATE

84, and that in (xxy) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN July 24, 1984

224. PHYSICIAN'S NAME (TYPE OR PRINT) Henri de la Baume, M.D.

22b. SIGNATURE

23a. BURIAL, CREMATION, REMOVAL

Cremation

,1984

Barne

Security Process, Inc.

c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

Baltimore

DHMH - 16 50M 4/83 (VRA 15, 4)

21 is marked or Item 18 shows any

MPORTANT

Singleton Funeral Home Glen Burnie, Md

23b. DATE

Catonsville

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

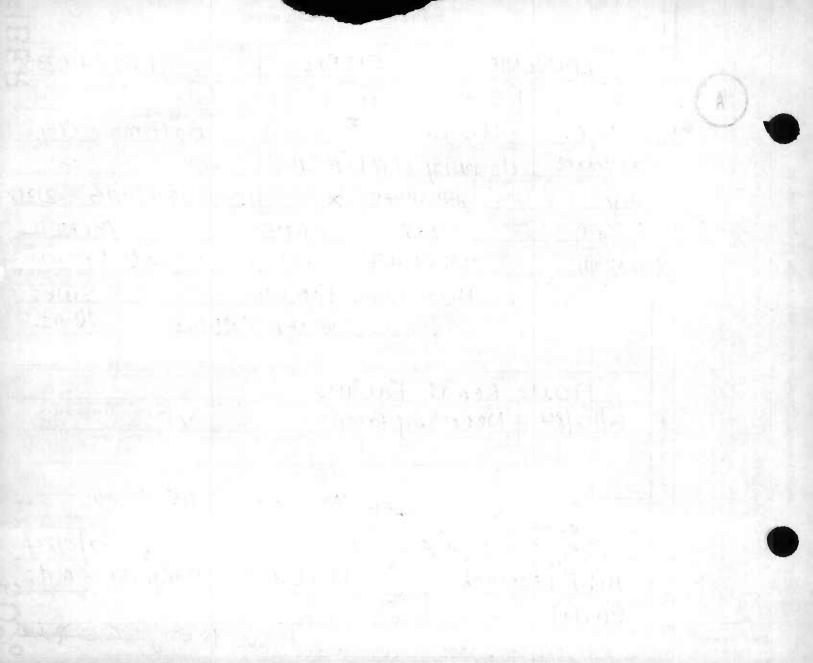
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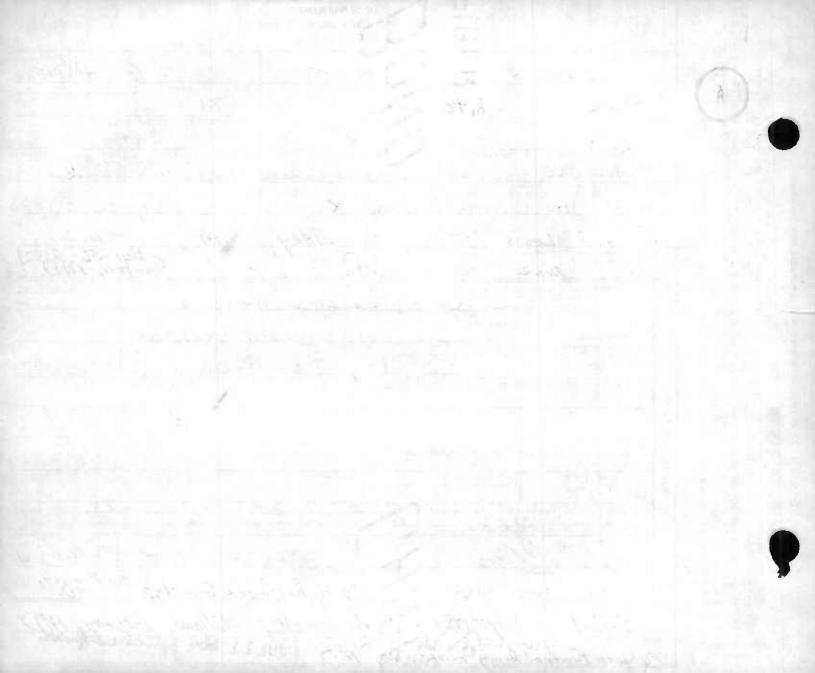
C March F/H Inc. 1101 E North Avenue

- STATE

(VRA 15, 4)

AND MENTAL HYGIENE



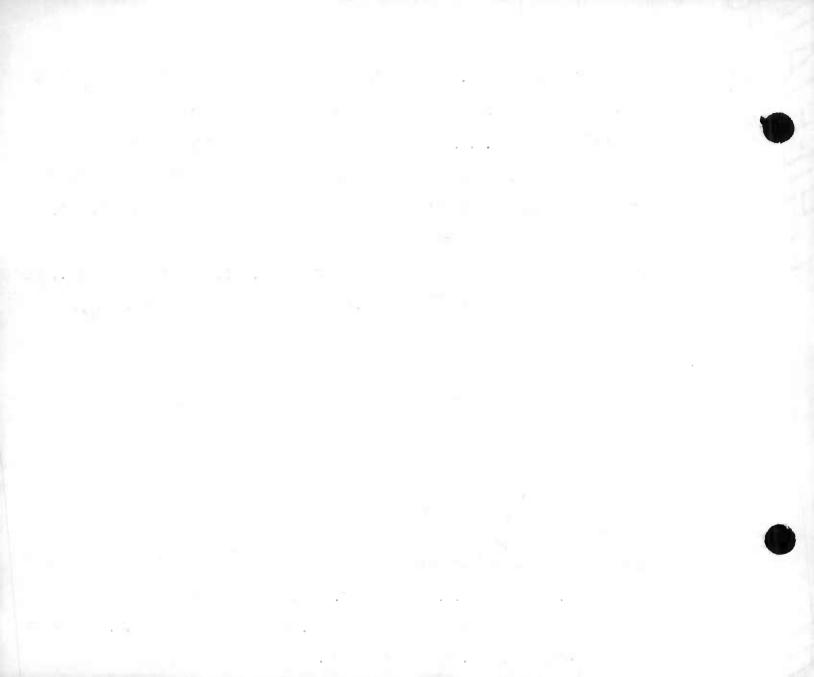


	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	10.	7	0 .
		CEASED NAME FIRST MARG	ARET A.	JANKIEV		PRANKLIN	20. DATE OF DEATH	07 01	YEAR 84	2b. HOUR
	3. SEX		4. RACE CAUCA		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BII	RTHDAY) IF I	UNDER I YEAR	IF UNDER 2
36		RTHPLACE (STATE OR FOREIGN		b. CITIZEN OF WHAT COUNTRY? B. MARRI WIDOW		NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY			
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR O' (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 6425 CEDONIA AVE.					I. USUAL OCCUPATION PPE OF WORKING (IFE) INDUSTRY INDUSTRY		
		RYLAND 136. COL	OR OTHER INSTITUTION		RE ADMISSIONI	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS CE	DONIA	AVE.	212
200	I4 FA	THER'S NAME FRANK	MIDDLE JA	NKIEWI	cz	CATHER I	NE MIDDLE		AKOW	SKI
medico	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	21 20 34		MARGARET G	UTFLEISCH		E. N	OTHI
njury, or ather traumotic	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, O	DUE TO, OR AS A CONSEQUENCE OF CONCULAR DUBBASE, hyper fers of the to, or as a consequence of (c) DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN						0
No on	CERTIFICATION	19a DATE OF OPERATION	19b. COND	. CONDITION FOR WHICH OPERATION		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIT		
lem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIN	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR			1 OR PART 2)	
rked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	5
21 is ma		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did				d that in (my) (aur) opinian	, to death accurred an the c	date and haur a	nd fram the	Arran Company
E H H		22b. SIGNATURE	anta 1	us	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE 7-	2-84
MPORTANT		22d, PHYSICIAN'S NAME (17P) DATA FRA				220. ADDRESS	ASE ST.			
5		URIAL, CREMATION, REMOVA			NAME OF C). B.	LTO.	M
/82	24 FL	M. FLAL KOU			TATE	A 250 DA	TE REC'D. BY REGISTRA		R'S SIGNA	

NOTE OF A LINE TO A STANK A ST AN TABLE PART DESCRIPTION OF THE PARTY OF THE in The soul process WHE FIRE YOMEN'S SOOK SHETCHEN AND THE SOOK SHEET WILL

20	1.	FOR STATE REGISTRAR			DEF	ARTMENT OF	TE OF MARYLAND HEALTH AND MER FICATE OF DEA	NTAL HYG	0	. NO.	9	0 6	
octh octh		OR PRINT) The	elest	_	MIDDLE	ACY	LAST		20 DATE OF DEATH		984 YEAR	10 34 A A	
mo)	3. SE	(4	RACE		5 DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS		
///		Male		White			ust 16 1		79	YRS.			
70. BIRTHPLACE (STATE OR FOREIGN			DREIGN 7	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED ☑ NEVER MA U.S.A. WIDOWED ☐ DIVO 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTIT			D NEVER MARRIED 9 BALTIMO		9 BALTIMORE CIT	Y OR COUN	TY OF DEATH		
1 1 1/4	Illinois 10 CITY OR TOWN OF DEATH BALTIMORE						ED DIVO	RCED 🗌	☐ BALTIMORE CITY			WE	
11 44				(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS) AL HOSP		IIION	(TYPE OF WORK FOR MO	ST OF WORKING			
2 53 206	USU.	AL RESIDENCE (IF NURSI	NG HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				13e.STREET ADDRES		DE	21210		
7 13 00		Md.	130 000	Balto				0 🗆				pring Lane	
1 11/1/1/	14. FA	THER'S NAME FIRST		UDDLE	ĮA!	•	15 MOTHER'S M	AIDEN NAM	MĒ	E		AST	
1 25	_	Theodore		win	Sta		Marg	aret			McKe	enrick	
ond co		VAS DECEASED EVER ((ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)		SECURITY NO.	17 INFORMANT			DRESS			
2 1 E	_	Yes	WW			2-8703	E. Ade	ele S	tacy	Same	Lung	XIMATE INTERVAL	
physic in pope movol.		PART I. DEATH W.	AS CAUSED	y one couse per BY: CAUSE (o)	plant	failur	e				BETWEEN	N ONSET AND DEATH	
the death or the death or the death or the other dispersion or the troumatic little or the troumatic l	Z	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	ediote the lost	(c)	NASS RASACON	SEOUENCE OF	pcandia			ONDITION G	IVEN IN PART 1	10	
7	CERTIFICATION	198 DATE OF OPERAT	ION	19b. COND	ITION FOR V	HICH OPERATION	ON WAS PERFORM	ED	20a AUTOPSY?	IN CERT	ES, WERE FIND	S OF DEATH?	
CLAN, The g physical servicals in mall hyper		710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT			H DAY YEAR		RY OCCURR	YES NO NO LED (ENTER NATURE OF		YES B PART 1 OR PART 7}	но 🗍	
D Photo	MEDICAL	21d INJURY OCCURR	LE 🗍	21e. PLACE		DEFICE, FARM ETC #	211 LOCATION STREET		CHYO	RIOWN	COUNTY	STATE	
ATTENDIN oppital or a ECTOR Att d for use or r of Health		22a 1 certify that (1) saw the decease above, (1) (we) (d	this hospited	6	ULY	(21)		19 84	, to deoth occurred on th				
RALDER NOT HER NOT HER NOT HER NOT HER DEP		Coller	vD.		L, mi		PHY	NDING SICIAN [MEDICAL S	TAFF SICIAN W	169	uly 84	
POSTA		224 PHYSICIAN'S NA					22e ADDRESS UNION	MEMOR	RIAL HOSPI	TAL			
55 2213		URIAL, CREMATION, I		23b DATE		23c NAME OF	CEMETERY OR CRE		23d. LOCATION CITY OR TOWN		COUNTY	STATE	
BP		Cremation	1	7-7-	84	Green	n Mount		Balto.			Md.	
DHMH - 16 50M 4/83 (VRA 15, 4)		Henry W.	lenk	ins &	Sons	Co. Ba	lto. Md.		E REC'D. BY REGISTR		STRAR'S SIGNA	TURE	
, , ,		JELLA AA.	JUITA	1110 Oc	20,13	,		1111	1 0 334	0			

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	1.	FOR - STATE REGISTRAR			CERTI	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	1	9 1	0 8
		CEASED NAME FIRST E OR PRINT)	Doris C.	Stange		LAST	July 26,		YEAR	26. HOUR
3. SEX F			4. RACE	4. RACE W		of Birth t. 8, 1899	6. AGE (IN YEARS LAST BIRTH	YRS	UNDER I YEAR	IF UNDER 24 HR HOURS MR
19	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Y.	US		WIDOW		Baltimore City or Baltimore	City,		
100		Baltimore	(IF NOT IN SU	CHEACILITY, GIVE STREET BO38 Abel	1 Ave	OR OTHER INSTITUTION	Office Worl	WORKING LIFE)	INDUSTRY	F BUSINESS C
135 135	13a	AL RESIDENCE (IF NURSING HOME STATE Md.		Bal time	PRE ADMISSION	13d. INSIDE CITY LIMITS? YES NO	3038 Abel		2	L218
Sign C		ATHER'S NAME FIRST Walter		LAST			eva Vanderho		EAS	T
medico C		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	212 32		Gilbert W. S	Stange, Jr.		rtsto	vn, Pa.
qury, or other tro.	NO	Conditions, if any, which gave rise to immediate course (a), stoting the underlying cause last. PART 2: OTHER SIGNIFICAN	16)_	OR AS A CONSEQUENCE TO		I NOT RELATED TO THE TERM	ARNAL DISEASE OR COND	ITION GIVEN	I IN PART 1:	0
mo uno	TIFICATION	IN DATE OF OPERATION	19b. CONS	DITION FOR WHIC	H OPERATION	ON WAS PERFORMED	28s AUTOPSY? YES □ NO□	206 IF YES, V IN CERTIFYI YES	NG CAUSES	OF DEATH?
9	MEDICAL CERT	238. ACCESSIT WAS UNDERLYING OR CONTRIBUTING	DEATH HOUR A	DE INJURY LM. MONTH LM.	DAY YEAR		RED (INTERNATURE OF HUNDE	es III pa 18 Aug	T OR FART 21	
orked ar	MED	WHAT OCCURRED	EAT HOME, S	OF INJURY TREET, PACTORY, OFFICE		THE LOCATION SHEET	C111 CN TOW	* *	COLMIT	52.635
T. If hem 21 is m	0	220.1 certify that (I) (this he tow the deceased effect objects; (I) (we) (did) (did) 25. SIGNATURE	3/	5 19		DEGREE ATTENDING PHYSICIAN	death occurred on the dat		ond from the	
TWO STAN	23u	EURIAL CREMATION, REMOV	AL TIB DATE		NAME OF	27s. ADDRESS CEMETERY OR CREMATORY	736 LOCATION		-7	
		Burial	7/30	0/84	Loudo	n Park Cem.	Baltimo	re, Md	·	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

, 15 0 16 nl soc Clerk TO SELECT CONTROL (SOUTH, SE. CENTROL) . . . The factor is a second of the Control of the Contro

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-	V		
-			
4	7	-	_
	1		

FOR - STATE CERTIFICATE OF DEATH

4 RACE

MIDDLE

(IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

Stanle v

Washington St.

5. DATE OF BIRTH

ſ G	IENE 8	EG. NO.	9	i	0	7	
	20 DATE OF DEA	нтиом НТА	DAY	YEAR	2b HOL	JR	
	July 2	5, 19	84			,	
	6 AGE (IN YEARS)	LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS		
	5	4 y	MONTHS	DAYS	HOURS	MIN.	
ē	9. BALTIMORE C	ITY OR COU	NTY OF DE	ATH			

Male Black Ta. BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? COUNTRY USA Georgia ID. CITY OR TOWN OF DEATH

Jimmie

MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

18

Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Baltimore USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION 13a STATE 13b. COUNTY MD

REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

3 SEX

Baltimore

L.

YES T 15. MOTHER'S MAIDEN NAME Estella

30

1829 N. Gay Street 21213 MIDDLE

EIRS1 Ben 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN)

14. FATHER'S NAME

Stanley 16h SOCIAL SECURITY NO N/A

17 INFORMANT

136. INSIDE CITY LIMITS?

Cillar Stanley 928 N. Washington St.

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a obstructive plmonous Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

NOF YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2)

20a AUTOPSY?

7 In ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC)

21f LOCATION

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

22a. I certify that (1) this haspital) attended the deceased fram saw the deceased alive an 22h SIGNAT

DEGREE

ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and have and from the causes stated

22c. DATE SIGNED

NO F

STATE

23¢. NAME OF CEMETERY OR CREMATORY

Mount Auburn Cem.

73d LOCATION Baltimore,

CITY OR TOWN

Md TATE

BURIAL CREMATION, REMOVAL BP 24 FUNERAL DIRECTOR

MPORT

CERTIFICATION

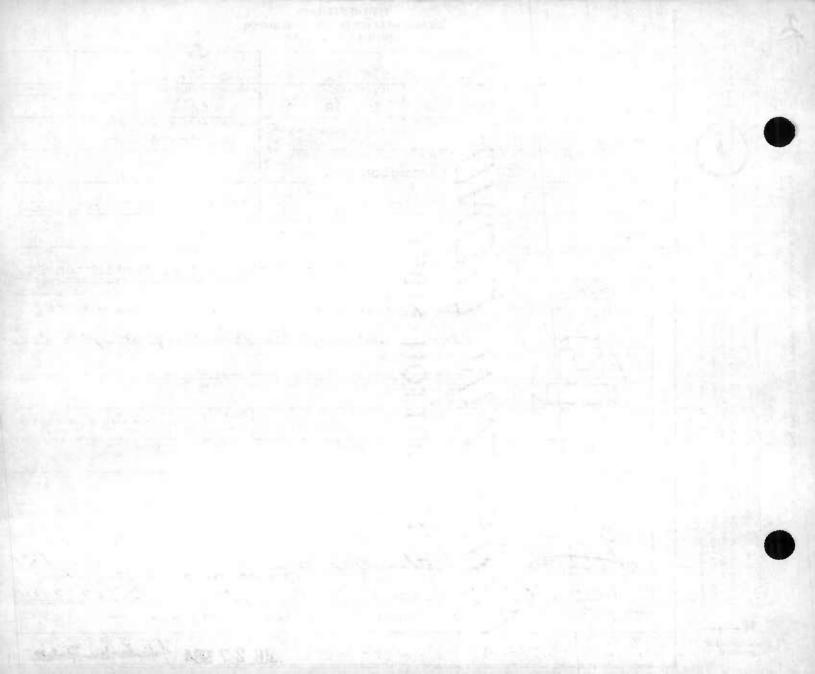
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Wm. March F/H 1101 E. North Ave.

7/30/84

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DHMH-16 30M 2/80 (VRA 15, 4)



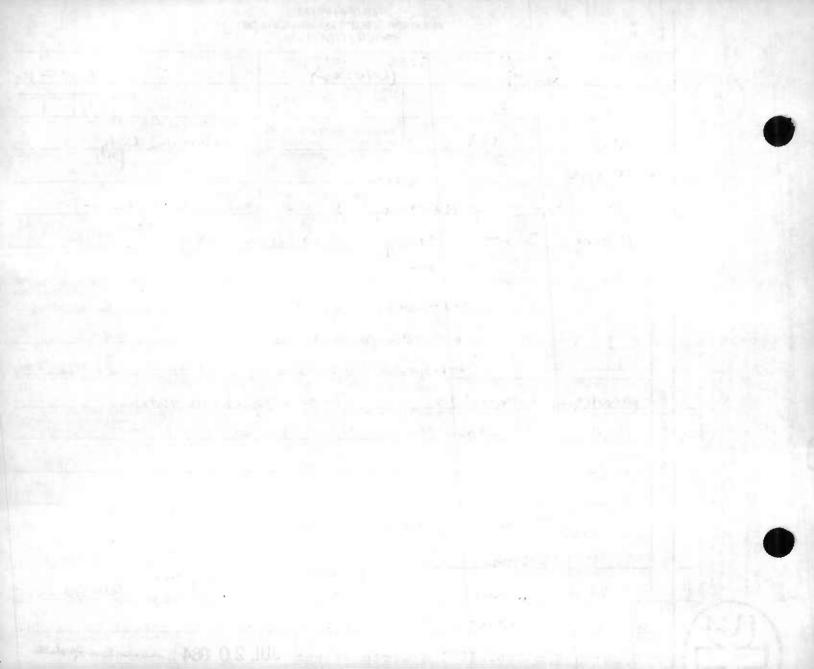
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(VRA 15, 4)

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8728 Liberty Road Randallstown, Maryland 21133

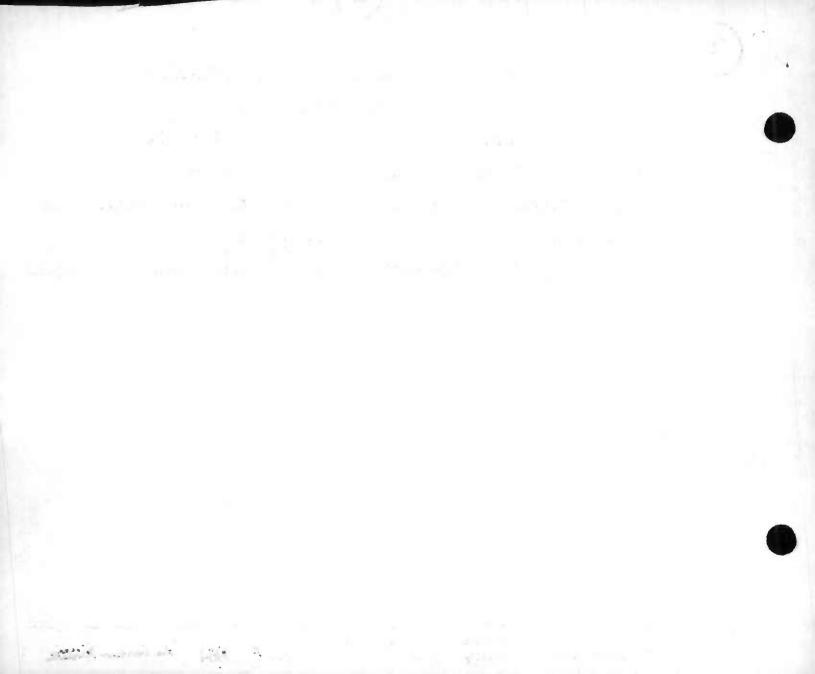
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

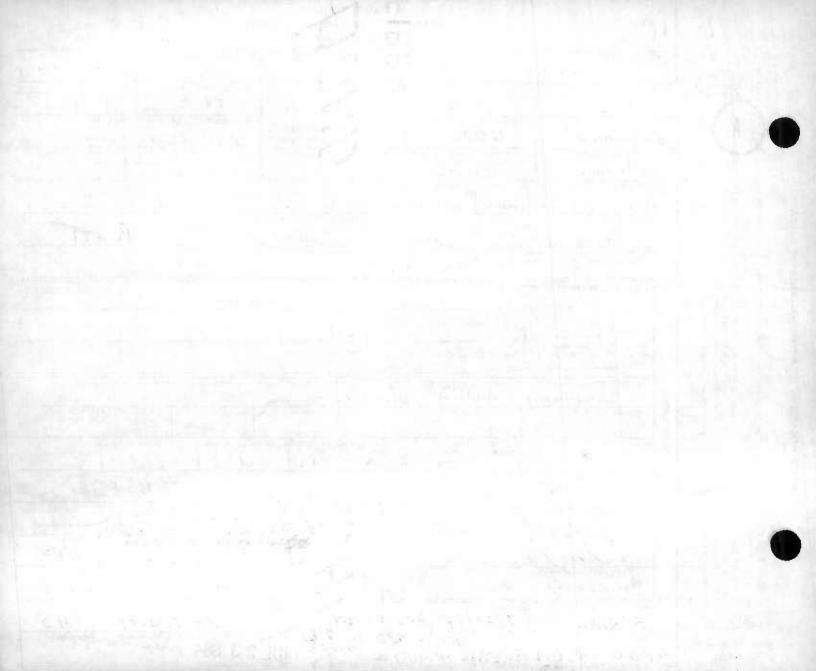
FOR

- STATE

(VRA 15, 4)



6	1.	FOR STATE	DEPAR	STATE OF M RTMENT OF HEALTH CERTIFICATI	AND MENTAL HY	GIENE 8 4	1. 9	115
7	I. DÉ	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	OFDEATH	REG. NO	D. MONTH DAY YEA	R 2b HOUR
deoth		ORPRINT) NIA-th	AL	Steil	1		07 19 84	
iter de	3. SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HR
1	7- 01	MAIL RTHPLACE (STATE OR FORFIGN	7b. CITIZEN OF WHAT COUNTR	12	12 01	9 BALTIMORE CITY O	YRS.	
197	E	NGLAND	USA	MARRIED A	DIVORCED	Ballin	2.1	7 N
Tiled will		3 Altimone	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI		ER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	OF BUSINESS C
Suld be	13a. S	STATE 136 COUR			SIDE CITY LIMITS?	13e STREET ADDRESS		4 21208
Scomine St.	14. FA	ATHER'S NAME FIRST ITAAA	MIDDLE STE	15. MC	THER'S MAIDEN N	AME	PLA	TAST
Poges 7		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	CURITY NO. 17. INI 24-7263	FORMANT	ADDRE	SS	
nove corbon popers. In 100, or removal. In umotic event, the	7	PART I. DEATH WAS CAUSE	oly one couse per line for (o), (b), DBY: TE CAUSE (o) DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT	DUENCE OF FA	Cord +	RAUMA	APP BETW	PROXIMATE INTERVAL LEEN OMSET AND DEATH
e prior te buriel, cr s ony injury, or oth	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF COMMENT OF COMME	(c)CONDITIONS CONTRIBUTING T	ODEATH BUT NOT RI		RMINAL DISEASE OR CON	DITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
7	SERTIF	21a. ACCIDENT WAS UNDERLYING		21c. H	OW INJURY OCCU	YES NO	YES THE TEM IS PART I OR PART	NO []
19		OR CONTRIBUTING CAUSE OF DE	AIN	DAY YEAR	Fell	and bit	head	
the bond Me	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	211 LC	OCATION STREET	North	Bult. Bu	1/tin 2120
Colline of Health		saw the deceased alive on	ital) attended the deceased from 3 19 19 19 bit) view the body after death.	n July , and that	in (my) Jour de lio	HER METHOD BY MEDIC	AL EXAMINER 226 D	the couses stated AJE SIGNED
A the State C		214 PHYSICIAN'S NAME THE CITICI 80G/A	L. Jayer	22e A	ATTENDING PHYSICIAN DDRESS	MEDICAL STAIL DIRECTOR PHYSIC	1 2.11	119/87 more 2121
473	23o 1	BURIAL, CREMATION, REMOVAL	/ /	NAME OF CEMETER	RY OR CREMATORY	23d LOCATION CITY OF TOWN	CITY COUNTY	STATE
		POKINE	107	111-11		ATE REC'D. BY REGISTRAR		Atundalia



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transis permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

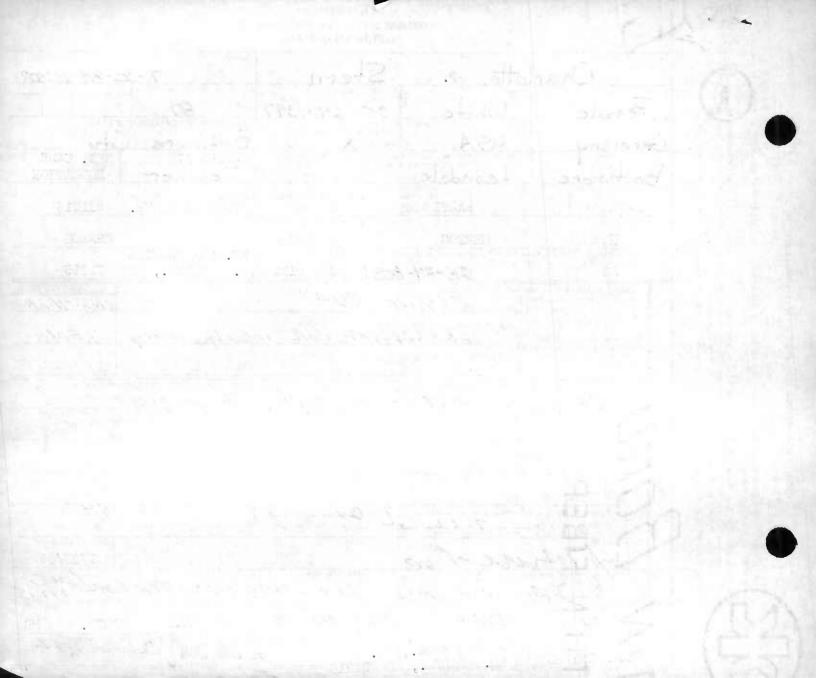
1		FOR	DEPAR		E OF MARYLAND EALTH AND MENTAL HYG	IENE A 4	191	10
3	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME Char	otte P.	S	rern	20 DATE OF DEATH MON	7 - 22 -84	26 HOUR
	3. SE	Fenale	4. RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY	YRS DAYS	
97	6	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	WIDOWE	DIVORCED [Baltimore city or co	City	MD
90	9	baltimore	11. NAME OF HOSPITAL, NÜRS (IF NOT IN SUCH EACHTY, GIVE STRE	EET ADDRESS)	DR OTHER INSTITUTION	WHREE CATION	EDII	CATION
35	13a S	ALRESIDENCE (IF NURSING HOME OR STATE 13b COUN MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEE ITY 13c. CITY OR TO BALTIMOI	NWC	138 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / ZIF		215
∞		HERMAN	HERZOG LAST		15. MOTHER'S MAIDEN NA EIRST MARTHA	WIDDIE	HERŽ	OG
		VAS DECEASED EVER IN U.S. AR/ yes, no or unknown) (18 yes, givi NO	MED FORCES? E WAR OR DATES) 166 SOCIAL SE	CURITY NO.	6303 WIRT A	MRS. EVA BALTO.,	MD 212	
		PART I. DEATH WAS CAUSEI	ly one couse per line for (a), (b), D BY E CAUSE (a)	ond ich	CVA			NONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE CONSECUT	RA-VA	ASCULAR 11	rsuffrien	cy Y	EALS.
	NOI	PART 2 OTHER SIGNIFICANT C	ins 4/CE	0 -	1./ ./2	with garg.	rene	
9	CERTIFICATION	196 DATE OF OPERATION	196, CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FIND CERTIFYING CAUSE YES	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 7)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STAIE
		220.1 certify that (I) (this hospit saw the deceased alive on above, (1) (we) (did) (did not	tol) attended the deceased from 7 - 2 2 19 1) view the body after death.		nd that in (my) (our) opinion	4, 10 7 - 2 death occurred on the date of		, that (I) (we) lost te couses stated
	74	226 SIGNATUR	wern	2		MEDICAL STAFF DIRECTOR PHYSICIAN	7/	23/84
1		220 PHY FIAN'S NAME (TYPE O	W-WIN, M	2	CEVIN DAL	E GERIATH	ec Con	BACTS 21215
	230 E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY AHAVAS CHESET	23d LOCATION	PATTO	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERALDIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

JUL 2 6 1984 Laurdson Pender



The company of the co

24 FUNERAS CHAMMunek Funeral Home, Inc.

3331 Brehms Lane, Balto. Md. 21213

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

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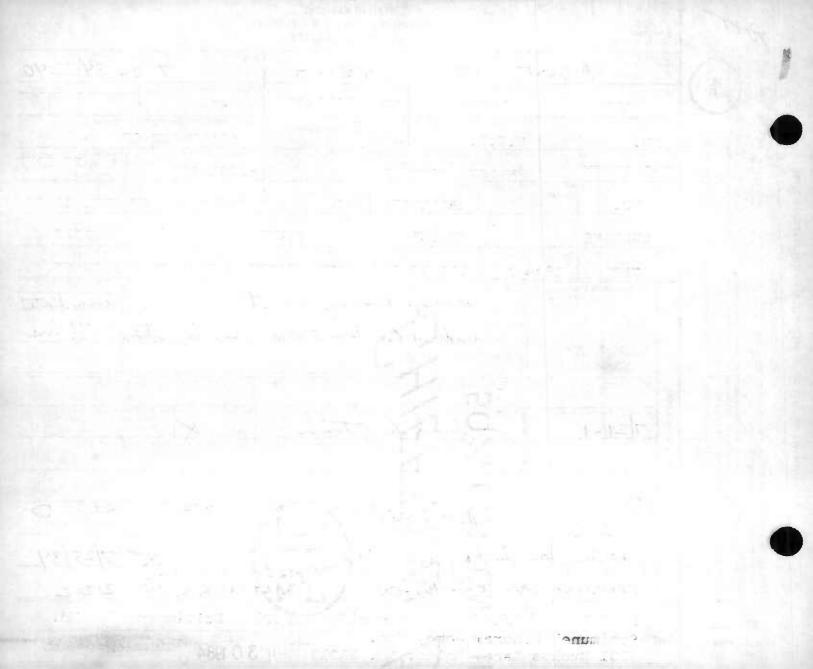
una Daydson-Handall

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUI 3 0 1984

22c. DATE SIGNED

IF UNDER I YEAR



Nichelas T. Matthews, 3021 Eastern Avenue Baltimore, Md.

FOR

- STATE

BP

DHMH - 16 50M 4/R2

(VRA 15. 4)

24. FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO T

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

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2501 Gwynns Falls Parkway

Funeral Home Inc. Baltimore, Maryland 21216

REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

Sulia Davidson Pandal

- STATE

24NVIETE PRESTOSONS

DIVISION OF VITAL RECORDS.

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME FIRS	ī	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
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	3. SE	X	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
		Male	E	Black 7		12 1935	49	YRS.	MUNIHS DAYS	HOURS MIN.	
2	, (RTHPLACE (STATE OR FOREIGH		F WHAT COUNTRY?	MARRI	ED X NEVER MARRIED	BALTIMORE CITY C				
-	_	Maryland CITY OR TOWN OF DEATH		S. A.	WIDOW	OR OTHER INSTITUTION	Baltimore City 12d. USUAL OCCUPATION 117b. KIND OF BUSINESS OR CITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Phone 117b. KIND OF BUSINESS OR CITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY				
7		Baltimore	(IF NOT IN S	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutheran Hospital			TYPE OF WORK FOR MOST	OF WORKING I			
V.		AL RESIDENCE LIF NURSING HO					C. P. Tec			P. Telep	
5	13a S		COUNTY	Baltimo	/N	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS Baltimore				
	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME				
5	0.79	Howard	W.	Stol	kes	Naomi.	WIDDLE		Loga		
		VAS DECEASED EVER IN U.			IRITY NO.	17 INFORMANT	4020	Wood	ridge Ro		
	()	(YES, NO OR UNKNOWN) (IF YES, GIVE W		215-30-9907 Shirley H. Stoke							
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									MATE INTERVAL DISET AND DEATH	
		PART I. DEATH WAS CAUSED BY:								30 minutes	
		IMMEDIATE CAUSE (a) ACUTE INGOCATULAL INTATCTION						30 11	imutes		
		Canditions, if any, which		OR AS A CONSEQUE		arteru disease	9		72 11	ears	
		gave rise to immedia	te)			arcery arocase			15 9	Cars	
		cause (a), stoting the underlying couse last	DOL 10,	OR AS A CONSEQUE		ion			15 u		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C						1 2 30420			
	CERTIFICATION	PART 2. OTHER SIGNIFICA	ANI CONDITIONS	CONTRIBUTING TO	DEATH BU	I NOT RELATED TO THE TERM	IIN AL DISEASE OR CON	DITION GI	VEN IN PART Tra		
4	CAT	190 DATE OF OPERATION	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		S, WERE FINDIN			
ú	Ĕ					YES NO		ES []	NO [
9	8							RY IN TEM 18	PART I OR PART 2)		
1											
	Dic	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH			211 LOCATION						
	ME	WHILE NOT WHILE AT WORK AT WORK							COUNTY	STATE	
		220 I certify that (I) KX	XXXX attended	the deceased from_		tober 1971				hat (I) XX last	
		saw the deceased ali obove, (I) (Act (did) (a	ve on 8 May	dy after death.	4	and that in (my) (my) apinion (death occurred on the d	ate and ha	ur and from the c	ouses stated	
		27h. SIGNATURE	1111	OMX		DEGREE			22¢ DATE S	SIGNED	
d		11/1	religo	JAN INF	7	ATTENDING PHYSICIAN	MEDICAL STA		23	July 84	
		22d. PHYSICIAN'S NAME	TYPE OR PIFISHT)	11 0		22e ADDRESS					

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

Wilmer K. Gallager, Jr., M.D.

23¢ NAME OF CEMETERY OR CREMATORY

3455 Wilkens Avenue - Baltimore, MD 23d LOCATION

Maryland

21229

7/26/1984 Maryland National Mem 2501 Gwynns Falls Parkway 250 DAIE "Murteer & Sons 2501 Gwynns Falls Parkway Funeral Home Inc. Baltimore, Maryland 21216

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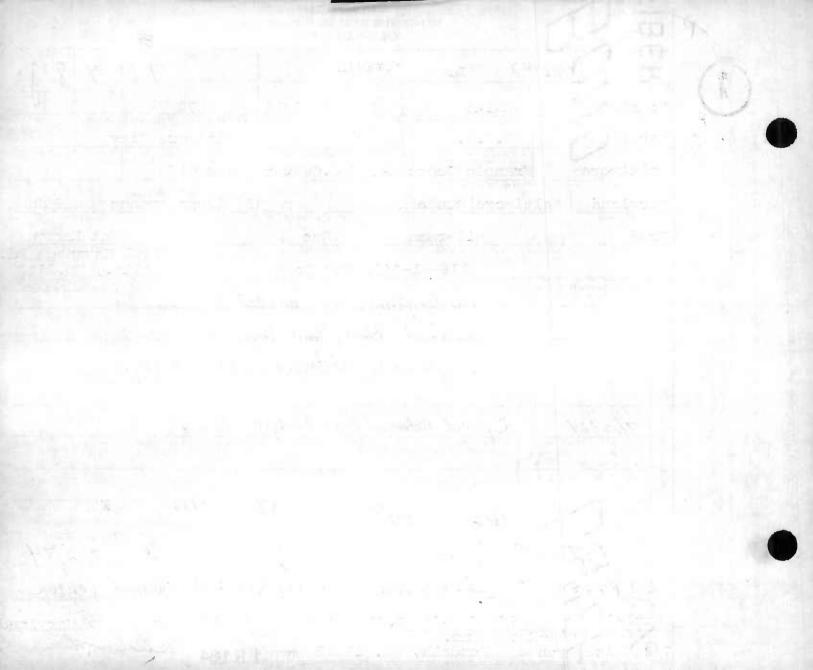
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New Baltimore, Mr. 21222	y H. Sto	JITLE	1066-0	6-113		•0)

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7/26/136 Mar 1 no Nadional Mon. Larel. JUL 2 4 1984 September 1984 Purerel How Inc. selvicore, Haryland 21516





12	1	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	19124
(D)		REGISTRAR CEASED NAME FIRST	CERTIFICATE OF DEATH REG. N MIDDLE LAST 20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
		S'ADIE		7 184 12°2
Page medical direction to the same support of	3 SE	Fende	S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIR AGE (IN	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
neral direction 72 hours		RTHPLACE (STATE OR FOREIGN 7	6. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED . 9. BALTIMORE CITY O	RECUTY MD.
us after death. I to by the funeral of filed within 72 h anaiffied at ano	10 C	BALTI MORE	1. NAME OF HOSPITAE, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST C	IN 12h. KIND OF BUSINESS OR
24 havilled in		AL RESIDENCE (IF NURSING HOME OR CESTATE 13b. COUNT	OTHER INSTITUTE OF THE RESIDENCE BEFORE ADMISSION)	21 225
1 5 P /8 / /	14 F	ATHER'S NAME FIRST ANTHOUY	IDDLE LAST MODER'S MAIDEN NAME FIRST MODELE MEROS VERQUECA	Czachon CZAHOR
and ca			ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRI	time as #13
thysician papers. naval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line/pr (a), (b), and (c) BY: CAUSE (a) RESPIRATORY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death by the attend ase remave ca al, crematian, a		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) DISSEM (NATED ENDOMETRIAL C) DUE TO, OR AS A CONSEQUENCE OF (c)	ARCINOMA
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The law recicion. The has been ssir permit. Tigiene prior is shaws any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES \(\subseteq \text{NO.} \)	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
phys phys rifico I-tro al Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	COLOR A AL ALGORITH DAIL MEAN	RY IN ITEM IS PART I OR PART 2)
DING PHYSIC or ottending After this cer e as the buria olth and Ment marked ar Iter	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TO	WN COUNTY STATE
		22s.1 certify that () (this hospital saw the decembed alive on above (1) (w) (did) (did) (did)	19 87 and that in (my) (our) apinion death occurred on the d	19 , that (I) (we) last ate and hour and from the causes stated
HOSPITAL OR ATTEN ned by the hospital ned by the hospital FUNERAL DIRECTOR. Jid be detached for us the State Dept of He ORTANI: If hem 21 is		THE SIGNATURE	DEGREE ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSIC	FF B 120. DATE SIGNED
2 2 2 0		JAMES MU	TONES IF MO UNIV. OF MARY CAN	O CANGER CENTER
BP C sky W	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CHYOR 19WN 7/5/1984 Glen Haven Mem. Pk. Glen Burn	ie. A. CO. Mil.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	uneral director d'ullu Funeral H	Balton M 21225 250. DATE REC'D. BY REGISTRAR	

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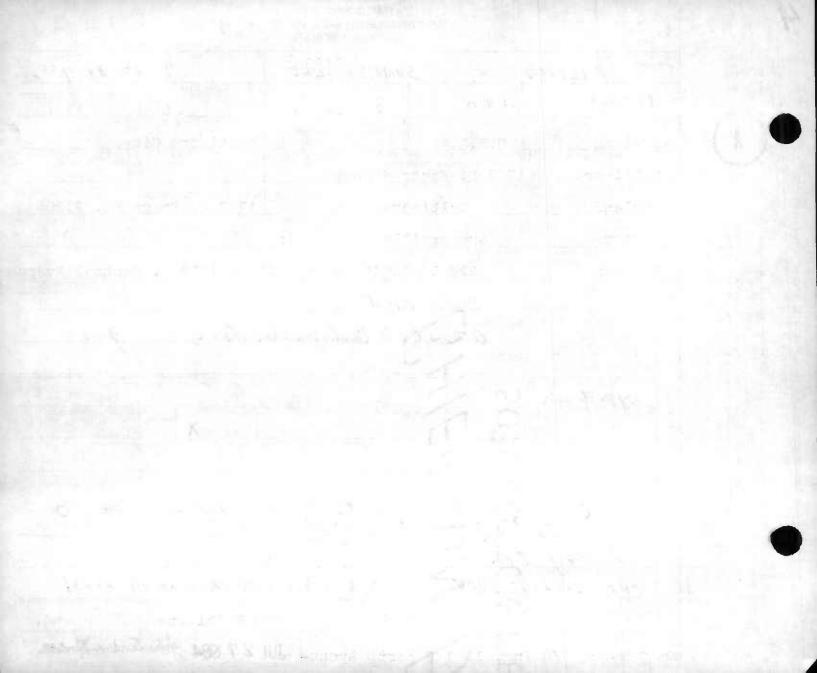
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

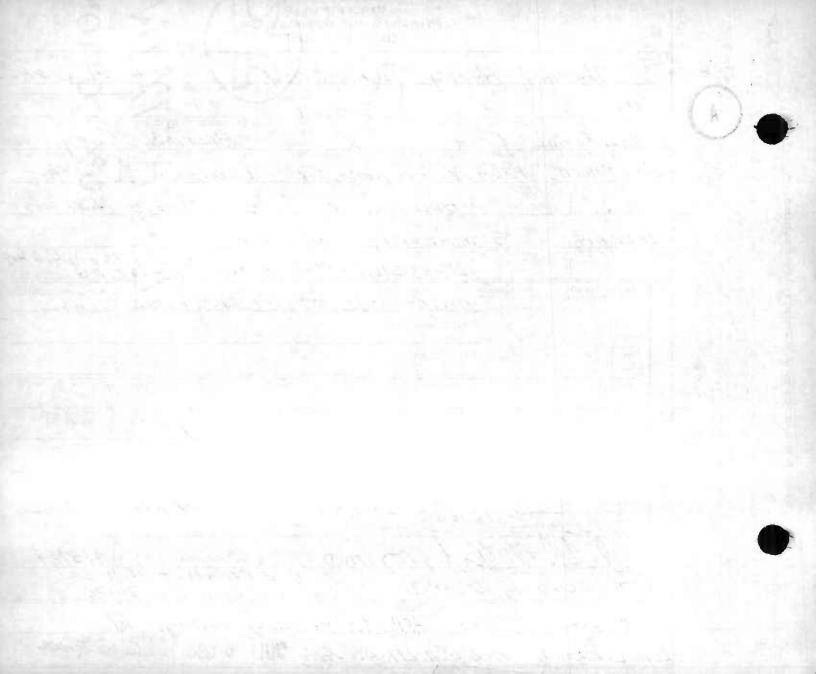
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	1			STATE OF MARYLAND			
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG NO.	9 2	
¢ \$0		CEASED NAME FIRST OR PRINT) MILDRE	D F.	SUMMERVILLE		25 84- 1755	
atte s	3. SE)	FEMALE	1. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 2 24 19	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR I IF UNDER 7.3 H MONTHS DAYS HOURS M	
100	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci		
	10 CI	Saltimore	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1707 E. Eager Street				
should be I	13a. S	TATE 136. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COL 1707 E. Eage		
ond 2 s	14. FA	THER'S NAME FIRST Smitty	Summervi	FIRST	WIDDLE	(AST	
Poges ?	10	/AS DECEASED EVER IN U.S. AR/ es, no or unknown) Jnknown	E WAR OR DATES)	JRITYNO. 17 INFORMANT -8384A Audrey Wi	lson 1315 N.	Central Ave	
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ter this ce to the burn h and Mer rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE	
eolt mo		220.1 certify that (1) (this hospit sow the deceased alive on above (1) (we) (did) (did no	deoth occurred on the date and hi				
RECTOR: led for us ppt of He em 21 is		226. SIGNATURE		DEGREE		22c DATE SIGNED	
to FunERal DiRECTOR should be detoched for unith the State Dept of H		27th SIGNATURE LA'-SHAP 27th PHYSICIAN'S NAMELTYPE O CHI - SHIP	., /	MP ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D WAY, BALTIMO RE,		





(VRA 15, 4)

T. L. B. SENESS Revend 3400 Evleck ve. Mcl. B. F. T. T. T.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

REGISTRAR		CERTIFICATE OF DEAT	H REG. NO			
1 DECEASED NAME FIRST	WIODIE	LAST		MONTH DAY YEAR 26 HOUR		
(TYPE OR PRINT) WILL	IAM J.	SWEENEY		7 23 84 4:00 Pm		
3 SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT			
Male	White	6 9	03 81	MONTHS DAYS HOURS MIN.		
70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	9 BALTIMORE CITY OF			
Maryland	U.S.A.	MARRIED NEVER MARR	Polts	ore City MD.		
10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTI				
Baltimore	380 Oaklee V		Policema:	on lie lie lity Police City Police		
USUAL RESIDENCE (IF NURSING HOME O 130. STATE Maryland		OWN 134 INSIDE CITY LI	1 200 0-1 1	ZIP CODE Village 21229		
Vnknown	MIDOLE Swe	eney 15 MOTHER'S MAI	UNKNO WIDDLE	LAST		
160 WAS DECEASED EVER IN U.S. A		CURITY NO 17 INFORMANT	ADDRE	is.		
(YES NO OR UNKNOWN) (IF YES, GI	219-26	-4770 Doris L	Doris L. Mills 4721 Amberley			
PART I. DEATH WAS CAUS	inly one couse per line for (o), (b), ED BY. CTE CAUSE (o)	ond ie a man	hy f bois	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DUE TO, OR AS A CONSECUTIVE TO THE TOTAL OF	QUENCE OF RELATED TO T	HE TERMINAL DISEASE OR CONC	<u> </u>		
190 DATE OF OPERATION 210. ACCIDENT WAS UNCERLYING	196 CONDITION FOR WH.	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)		
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF INJUR	(IN ITEM 18 PART OR PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	CE FARM ETC) ZIF LOCATION STREET	CITY OR TOV	VN COUNTY TATE		
sow the deceased olive of obove, (I) (we) (did) (did n	oitol) ottended the deceosed fro n19 ot; view the body ofter death	ond that in (my) (our)				
	I soh manyo	PHYS	DING MEDICAL STAF			
224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS				
Rolendo M. Sa	abundayo, M.D.	5550 Ba	ltimore Nationa	l Pike		
23a BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY SLATE		
Burial	7/26/84	New Cathedral C	em. Baltimore	e Maryland		

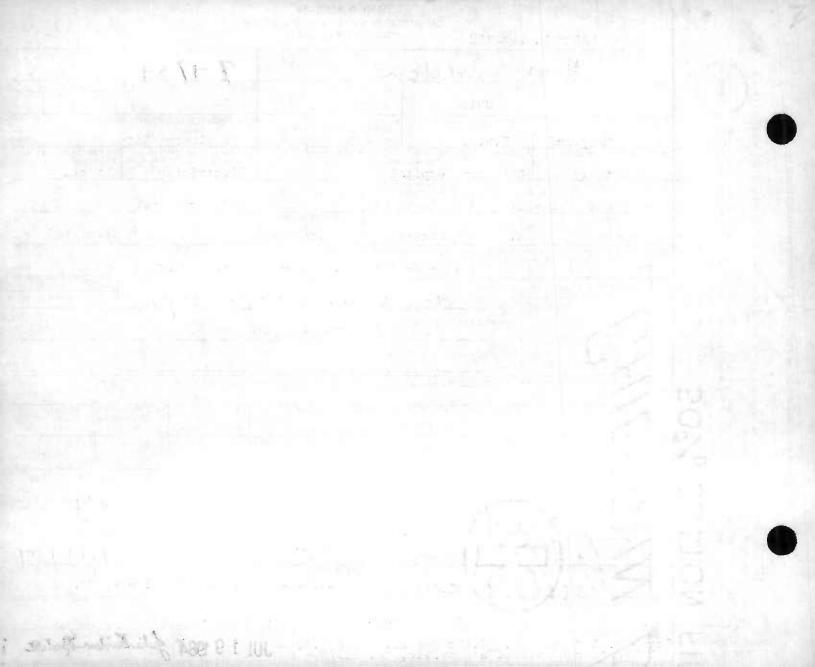
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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. REGISTRAR 256 REGISTRAR'S SIGNATURE



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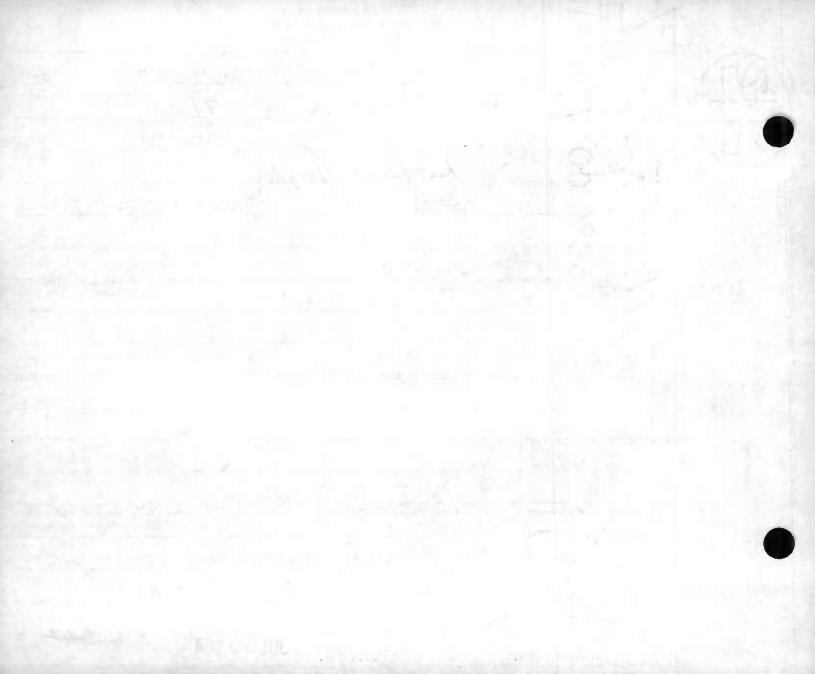
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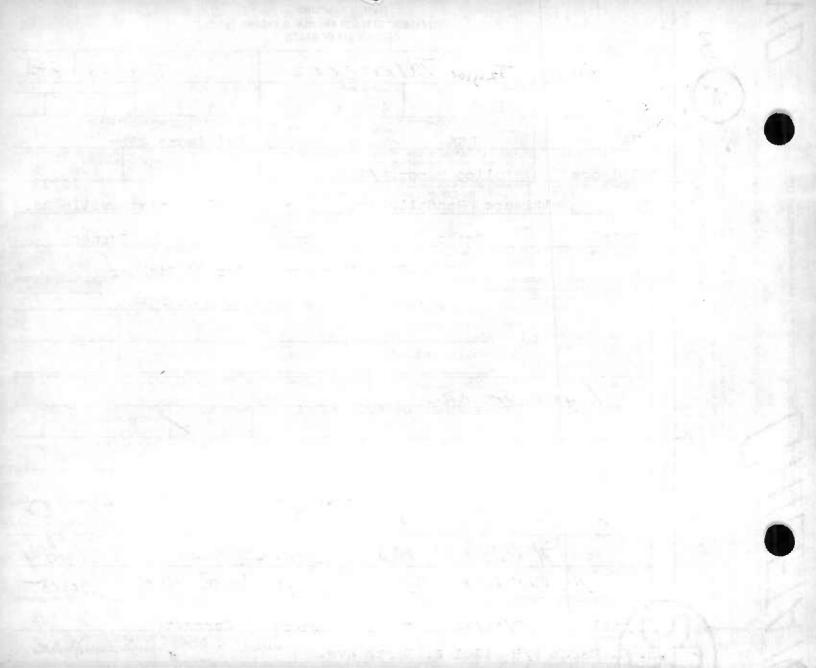
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





(VRA 15, 4)



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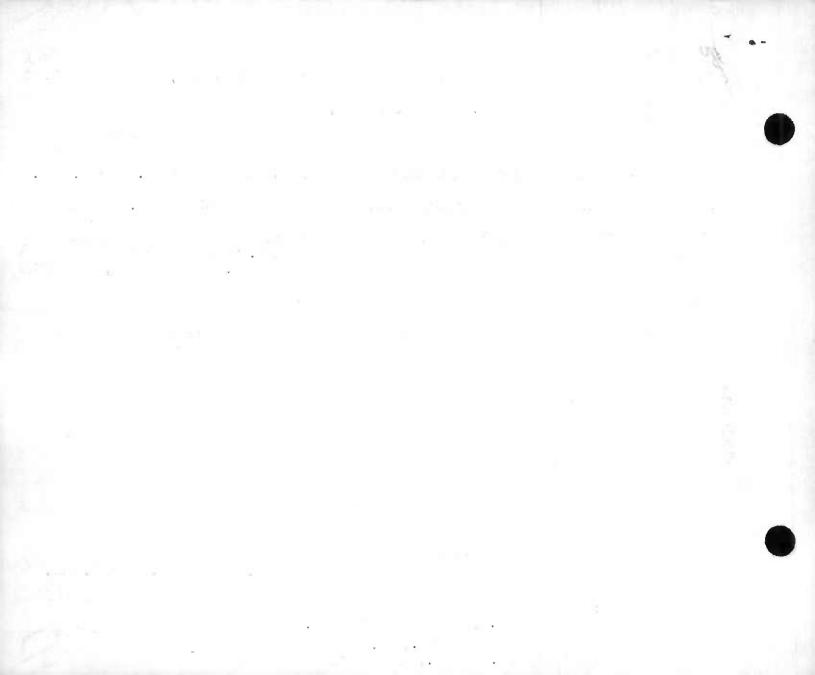
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

l	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGI CATE OF DEATH	0 4	19	1 3 6
	DECEASED NAME FIRST	MIDDLE	LA	IST	REG. NO. 20 DATE OF DEATH MG	ONTH DAY YEAR	26 HOUR A
(1	ALE	c E.D	WARD 7	TAPPER	JULY 31.	1984	12:40
3. 5	SEX	4 RACE	5 DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHD	IF UNDER TYEA	R IF UNDER 24 HRS
	MALE	WHITE	JUNE	2, 1961	23	YRS MONTHS DAYS	S HOURS MIN,
H	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED XX	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	MARYLAND	USA	WIDOWE	DIVORCED [BALTIMOR	E CITY	MD.
10,	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV THE JOHNS	E STREET ADDRESS)	ROTHER INSTITUTION HOSPITAL	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W CORPORATE E)		T. INC.
特	OUAL RESIDENCE (IF NURSIN PO © STATE CALIFORNIA		E BEFORE ADMISSION) OR TOWN LY HILLS	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 9784 SUFFOLI		0210
14.	FATHER'S NAME	MIDDLE LA	AST	IS. MOTHER'S MAIDEN NAM	MIDDLE		AST
L	ALVIN	JEROME	TAPPER	ROSALIE	Ξ		ANSKY
149	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIA	AL SECURITY NO.		S. ROSALIPRES C DR. BEVERL		A 90210
0.6.1	PARTI. DEATH WAS CAUSI	nly one cause per fine for (a), ED BY. (TE CAUSE (a)	(b), and its	Lailur		APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CON	ISEQUENCE OF	your int	il frater	10 0	days
	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON	nseouence of				
NC	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	OF TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease or condi	TION GIVEN IN PART	lio
CEPTIFICATION	190 DATE OF OPERA ION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		200 IF YES, WERE FIND IN CERTIFYING CAUSI YES []	
	OR CONTRIBUTING TO CHIEF OF DE	HOUR A.M. MONT	TH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	NITEM 18 PART I OR PART ?	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hasp	7/2/	_19 84 an	d that in (my) (our) opinion o	eath occurred on the date	, 19 and hour and from the	n, that (I) (we) lost the causes stated
	226 SIGNATURE	Padole		Phy ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	_ / 1 -7	184 / 31/84
	22d PHYSICIAN'S NAME (TYPE	ORPRINT) PARD	OLL	Johns	HOPKIN.	S LOSPI	TAS-
23	REMOVAMATION, REMOVAL (SPECIFY) BURIAL	AUG.1,1984		IDE MEM. PARK	23d LOCATION CITY OF TOWN LOS ANG	ELES C	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD

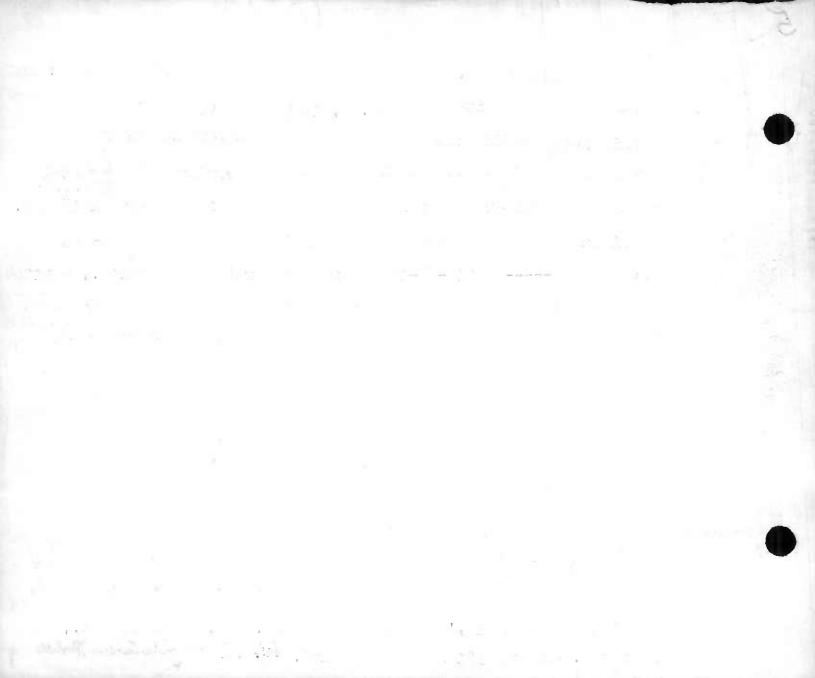
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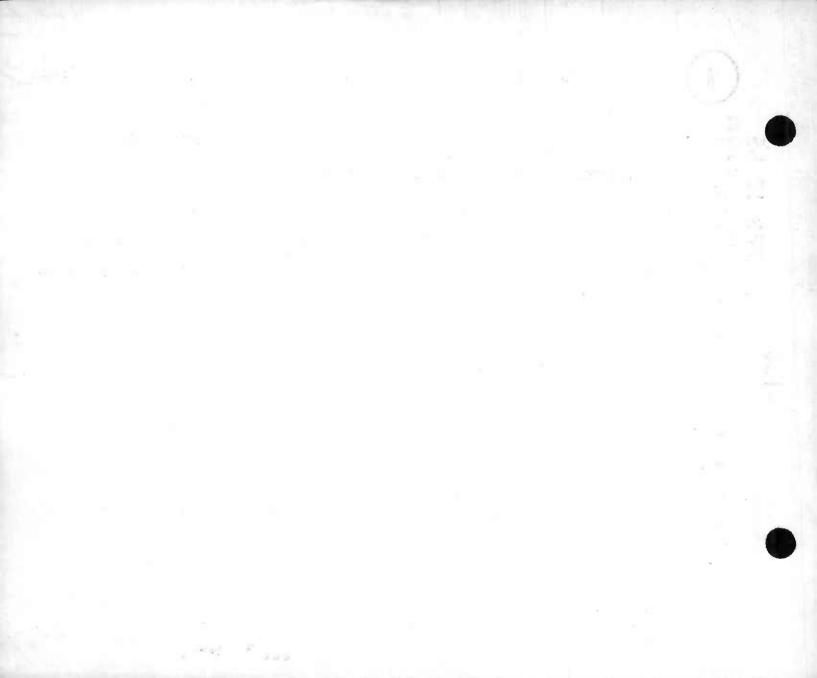
ES TO SET 121/2 12 30 W. THE THE PERSON OF THE PERSON O and Saxtal Area (3.5) and 4H. Take The State of the State

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2n DATE OF DEATH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) 84 5:59PM TAYAG 07 10 FERNANDO В. & AGE TIN YEARS LAST BIRTHDAYS IF UNDER TYEAR IF UNDER 24 HRS 76 YRS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Dentist Dental 21204 8602 Pleasant Plains Rd. MIDDLE Bondoc ADDRESS Mercedes Garcia Tavag Balto. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 78a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) , and that in (my) (our) opinion death occurred on the date and have and from the causes stated 27r DATE S STAFF PHYSICIAN 23d LOCATION '84Dulanev ValleyMem. Baltimore Co 74 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Johnson8521 Loch Raven Blvd



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	(TYPE	CEASED NAME SIRST	1e	MIDDLE .	TÄ	4LOR	REG. NO. 20. DATE OF DEATH MONTH LULY 26	DAY YEAR 26 HOUR 11 4
3	. SE)	F	4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAS BIRTHDAY) VRS	MONTHS DATE HOURS
)5		RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	U	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR COUN	
#17	Ва	Y OR TOWN OF DEATH	North (Charles G	enera	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Food Service	12b. KIND OF BUSINESS INDUSTRY Bd. of Ed.
25	13a. S			13t. CITY OR TOWN Baltimo	N	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS 1219 N. Eden S	21213
200		THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA/ Evelyn	MIDDLE	Taylor
the medico			RMED FORCES? VE WAR OR DATES)	218-32-8		17. INFORMANT Reginald Tay	ADDRESS lor 3651 Paskin	Place Balt,M
s any injury, or ath	CERTIFICATION	19a DATE OF OPERATION	The	Left B.	OPERATION	WAS PERFORMED	INICED	SIVEN IN PART 11 4-5- WHICON 5-9- TIEVING CAUSES OF DEATH
		APry 26, 198 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	YES NO	YES NO
ed or it	MEDICAL	21d INJURY OCCURRED	21e PLACE			2H LOCATION STREET	CITY OR TOWN	COUNTY STAT
¥		AT WORK AT WORK						
n 21 is mark		22a I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	July	26 19	Suly 54 on	d that in (my) (our) opinion o	to July 36 death occurred on the date and h	
NT: If hem 21 is mark		22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	a Suly View the body	26 19	F4 .00	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	our and from the couses states
MOKIAN		27a L certify that (1) (this hosp saw the deceased alive or obove, (1) (we) (did) (did ni 27b. SIGNATURE LAND 27a PHYSICIANS NAME (her.)	DR PRINT) G G	otter death.	1. D.	ATTENDING PHYSICIAN [22e ADDRESS North Ch	medical staff director physician of asky Gen. He	our and from the causes state
MPORTANT:		22a.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	DR PRINT) G G	otter death. auv. 23c. N	A, D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	our and from the causes sto

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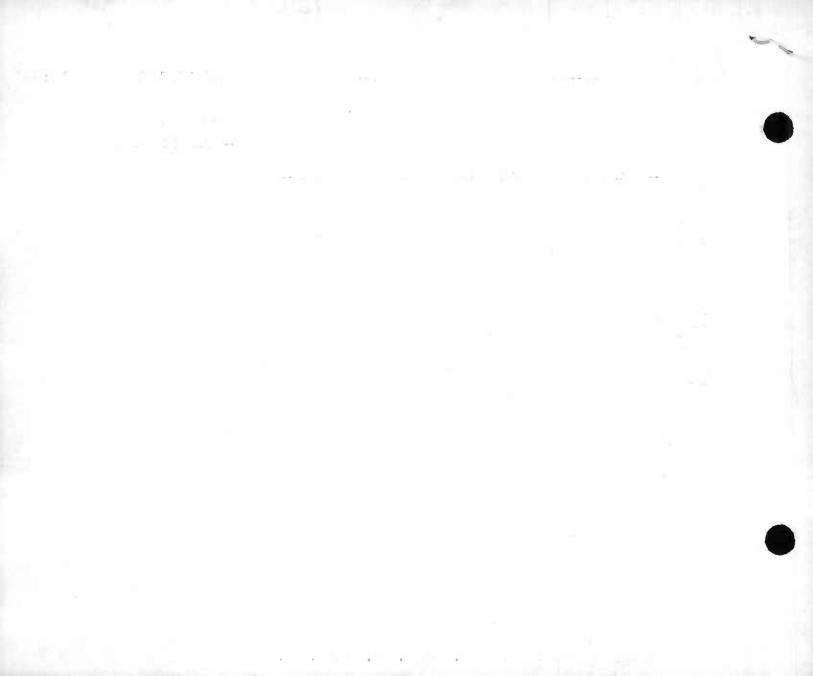
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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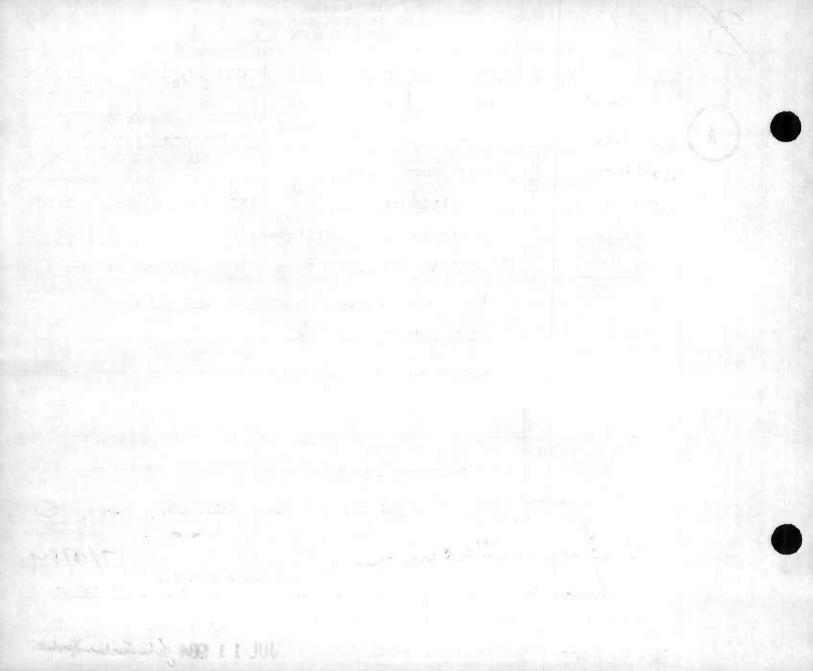
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2	1.	FOR STATE			DEPART	MENT OF H		MENTAL HYG	IENE & 4		9 1	4 8
		REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
200		CEASED NAME OR PRINT)	FIRST		MIDDLE	l.	151		20 DATE OF DEATH	MONTH D	YEAR	2b. HOUR
d de			JOAN	7	7. '	THOMA			JULY 10			1:30pm
free free	3. SE	_		I. RACE	1.	5. DATE C	DAY	YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	HOURS MIN.
Poge 1		Female		Blac		6	19	44	40	YRS		
eoth. P	(S.C.		U	WHAT COUNTRY JSA	WIDOWE		VORCED	Baltimore city			MD
s offer o	Ba	ty or town of DEAT altimore		Chu	HOSPITAL, NURSI THEACILITY, GIVE STREE LIPCH HOT	ne Ho		TITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS OR
filled in outside he	USU/ 13e S	AL RESIDENCE (IF MURSIN TATE MD	NG HOME OR C 13b COUNT		Baltir	WN	13d. INSIDE C	NO 🗌	13e STREET ADDRESS 1622 As	s / ZIP CODE hland	Ave.	21205
ed within	14 FA	THER'S NAME FIRST Frank	M	IDDLE E	Benjami:	a		S MAIDEN NA	na		Vi	
n and co	16a V	VAS DECEASED EVER I		MED FORCES? WAR OR DATES)	219-38-		John		s 1622 A	shland		
physicia npapers maval. vent, the		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) CARCINOMA OVARIES CARCINMOA SIGMOLD										ONSET AND DEATH
quires that the death signed by the attend hen please remove ca to burial, cremation, a jury, ar other traumat	NO	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediate the lost.	DUE TO, O	WITH ME R AS A CONSEQUE ONTRIBUTING TO	JENCE OF		O TO THE TERM	NNAL DISEASE OR CO	ONDITION GIV	EN IN PART 1:	0
he low re on. hos been i permit. Î ene prior	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		, WERE FINDING CAUSES	
ICIAN: T g. physici entificate ial-transi ntol Hygi		710. ACCIDENT WAS UNDI OR CONTRIBUTING C.	AUSE OF DEAT	n	OF INJURY .M. MONTH (.M.	DAY YEAR	île. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 18 P.	ART I OR PART 2)	
NG PHYS offer this c as the bur th and Me	MEDICAL	21d INJURY OCCURR	LE 🗍		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATE		CITYOR	TOWN	COUNTY	STATE
TTENDIN pitol or TOR: Af for use of of Health		220.1 certify that (I) (saw the decree	alive on_	JULY view the body	10, 19	MAY 84.0	24, ad that in (my)	, 19 <u>84</u>) (our) opinion	death occurred on the		19_84_, and from the	
Al OR A the host Al DIREC detoched ote Dept 17: If Hem		276 SIGNATURES DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/478									W784	
retained by the TO FUNERAL should be determent with the State (IMPORTANT:		22d PHYSICIAN'S NA			K THOM	AS MD	100	CHUF	RCH HOSPI		MD 21	L231
₽ ₽ ₽ € 3 <u>\$</u>	230 1	Burial CREMATION, F	REMOVAL	7/16,			ore C	CREMATORY	23d LOCATION CITY OF TOWN Balti		COUNTY	MD
DHMH - 16 50M 4/83 (VRA 15, 4)		m. C. Mar	ch F	г/н 1	101 E,	North	a Aye,		E REC'D. BY REGISTR	AR 25b. REGIST	Par's SIGNAT	Andere.



1 - STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

REG. NO 76 HOUR A AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore 126. KIND OF BUSINESS OR ITYPHOF WOMA intemandedustr ArmcoSteel Home, 7232 German Hill Rd. 21222 ADD RESS 21213 20-18-4792 John Amrhein Friend 4005 Ardley Ave. APPROXIMATE INTERVAL brady cardia Minutes hemorrhage hours CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN COTT Balto., Md. STATE 7/25/84 Moreland Memorial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR Schamunek Funeral Home, ADD Inc. Brehms Lane, Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

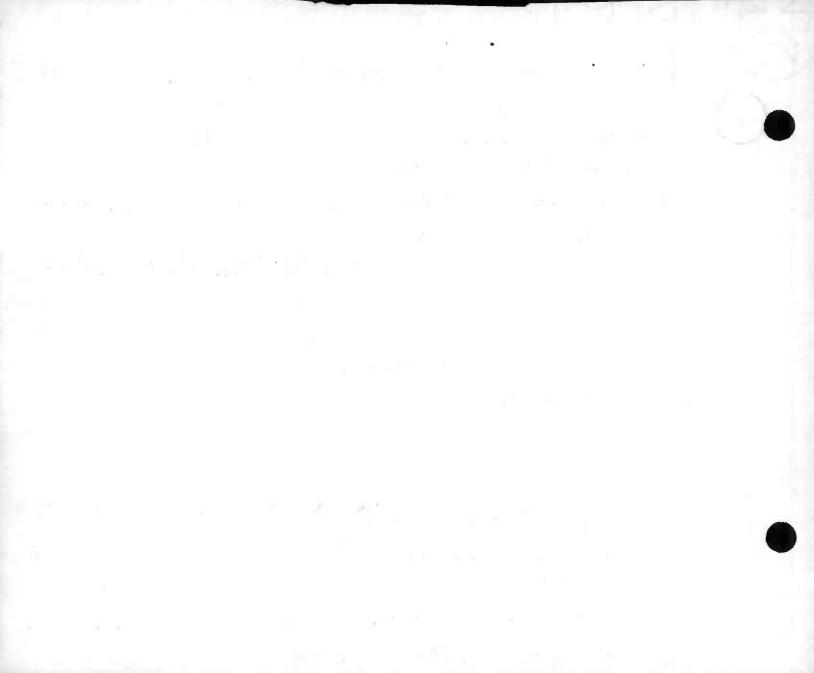
CERTIFICATE OF DEATH

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	0	from 6 x 2		Ľ.	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.				
	1	1			CEASED NAME FIRST MARGAR	ET Mangueretto	T.	HOMAS	JULY 29,1984	AY YEAR	26 HOUR		
	-	A:)		3. SE	K	4 RACE	5. DATE OF	BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS		
	6	ン			Female	Black	Dec.	9-1931	53 YRS.	ONTHS DAYS	HOURS MIN,		
35	CO	2 Lens	かん		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED ■	9 BALTIMORE CITY OR COUNTY				
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i p	1	2 27	3		TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN		SPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE		OF BUSINESS OR		
ND 211	24 har	Filled I	りり	USU/ 13a. S	AL RESIDENCE (IF MURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW	/N 11	34 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	St. 21	212		
YIA	Ē	2 sho		14. F.A	THER'S NAME	7-2-7 - 1 1-2-7 - 1		5. MOTHER'S MAIDEN NA	ME	20,001	94/1		
AAR	₹ 70	nplet ond	5/1/		11/1/1/2 M	MIDDLE LAST	00	Alollia	WIDDLE	hanit	2005		
Ä,	O. C.	0 -		16s. V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	DRITY NO.	17 INFORMANT	ADDRESS	LOUND	ier's		
TIMOR	be exe	S. Page		(YES, NO GRUNKNOWN) (IF YES, GP	2/8-76-	2249	Gertrude	Thomas 12061		Nd Sti		
BAL	3 8	ysicio oper vol.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on	d Ica		1	BETWEEN	ONSET AND DEATH		
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N C	- E	corb	Ď.		DUE TO, OR AS A CONSEQUENCE OF								
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SDS,	200	Then to b		Z O		Ohesig)							
RECO	o low	pas-bee permit. ene prior	7	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1				
VITAL	The			ER	710. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		216 HOW INJURY OCCURE	YES NO YES		NO []		
DIVISION OF V	PHYSICIAN: ending physi	bunel-transi Mental Hygi			OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR		(Editor Marione of Marion Marion Marion				
ON O	HYSIC	£	5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F		ZII_LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
<u> </u>	O# O	ter t	D D	2	AT WORK AT WORK	(ALTONIC, STREET, FACTOR), OFFICE F	1	6	7/	0.1			
Δ	ā a	S. Af	E		220 I certify that (1) Phis hosp	ital) attended the deceased from	2/26	19.89		9_3]	that (I) (we) last		
	ATTEN	0 0	7		sow the deceased alive or abave, (1) (we) (did) (did no	of) view the body ofter death.	857, ond	that in (my) (out) opinion	deoth occurred on the dote and hour	and from the	couses stated		
	OR ATT	hed hed ept.	E		22b. SIGNATULE		DI	EGREE		224 DATE	SIGNED		
	AL O	ERAL Doe detoc	/		Stilso	1 lelation	D V	ATTENDING PHYSICIAN	MEDICAL STAFF	1/2	19/84		
	SPIT d by	UNERAL Id be dete the Stote	1	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		77e ADDRESS	11	10	1		
	HO	should b	SF.		(Fina &	Dallaketto		Nopmi	8 deplant for	pusal			
	5 5	F 43 3			BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CE	METERY OR CREMATORY	23d. LOCATION				
	BP.		-		Bunjal	8-2-84 B	2/tin	oore Cuty	13altumone	COUNTY	Mda		
	DHMH -	16 50M 4/8	33	24 FU	JNERAL DIRECTOR	0.10 0		01	E REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNAT	TURE		
		A 15, 4)			Kandelah	J. Cerlick 243	16.0	werst AUG	6 6 1984 Juliante	vidon A	andere		



3	1.	FOR STATE REGISTRAR		•	DEPA		EALTH AND MENTAL H	YGIENE 8	REG. NO.	1 9	5 1
	1. DE	CEASED NAME	FIRST	,	AIDDLE	l	AS1	2e DATE O	FDEATH MONTH	DAY YEAR	26 HOUR
y be ge 3 leath	(,,,,,		ROBE	TY WII	LIAM	TH	OMAS	ניותר	2ND -	1984	1:30 M
	3. SE	X		4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER I YE	AR IF UNDER 24 HRS
√ (1)		Male		White	į	May	18, 1984		₋	RS. 1 14	
C REED SON	7a. B	RTHPLACE STATE OR	OREIGN	76 CITIZEN OF		RY? 8 MARRIE	NEVER MARRIED 5		ORE CITY OR COL		
(%)		Maryland		U.S.A		WIDOWE			TIMORE		MD
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ruthir 12 st	14. F/	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N		WIDDIE		TAST
comple s I and		Robert		L.	Thoma	as	Donna		Μ.	Soppe	
be execu		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SI		Robert L. 7731 Hain	and I	ADDRESS Donna M Laure	Md.	20707
physicia propaper emaval.		PART I. DEATH W	AS CAUSE	ly one couse per D BY E CAUSE (0)	line for (a), (b)	A 1		1 arr	est	APPR BETWE	284 1:30A
that the death ce d by the attendin lease remove carb ial, cremation, ar i		Conditions, if any, gave rise to immoosse (a), static underlying cause	nediate ig the last.	(c)	PAS A CONSE	re bro			, ,	5	o weeks
signe hen p no bur ijury.	z	I		Sepsi		TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEAS	SE OR CONDITION	GIVEN IN PART	Ho
	ATIO	POSS 190 DATE OF OPERA				ICH OPERATIO	N WAS PERFORMED	70c AUT	OPSY? 70h	F YES, WERE FIN	DINGS LISED
he lo	CERTIFICATION							YES X	NO IN C	ERTIFYING CAUS	SES OF DEATH?
CIAN T g physici entificate ial-transi ntal Hygi		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTERN	ATURE OF INJURY IN ITE	M IB PART I OR PART	1)
IG PHYS offendin ter this c s the bur n and Me	MEDICAL	21d INJURY OCCUR	+11.E	21e. PLACE ((AT HOME STR	OF INJURY EET FACTORY OFFI	ICE FARM ETC)	211 LOCATION STREET		CILY OR TOWN	COUNTY	STATE
TTENDIN pital or TOR Affar use of far use of Affar use of 1 is mo		220.1 certify that (1) saw the decease above, (1) (ve)		1		9.1	d that in (my) Gur) opinio	to	7 2 84 ed on the date and	-	that (I we lost the causes stated
DR A hos liked ched ched them		226. SIGNATURE	0 4	view me body	otter death.		DEGREE			22¢ DA	TE SIGNED
AL O AL D GAL D GA		In	Syn	uson	an		MD ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN		1/2/84
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT. If		724 PHYSICIAN'S NA	AME CITYPE OF		SSM	AN	27e ADDRESS	BROA	DWAY	±1112	
5 5 4 × X		BURIAL, CREMATION,		23b DATE			EMETERY OR CREMATOR			COBNIX	STATE
BP		CLEME				Balto.	Wash. Cre	matory	Laure1	P.G.	Co. Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	Fi	LEGK FUNI	ERAL y Spi	HOME,	INCORE Lau	irel.	Md.20707	UL REGO. BY	CODING MULTINE NEC	GISTRAR'S SIGN	Mandale



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



STATE OF MARYLAND

FOR



Loch Shiel Rd. 21234 Welsh 06805 .93-01-0165LawrenceR. Thornton Brookfield Center, CN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 ASCITES ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 12ALTO Burial July 24, 84St. AlphonseCemetery Woodstock, M REGISTRAR'S SIGNATURE William E. Johnson8521 Loch Raven Blvd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

17b. KIND OF BUSINESS OR

Industrial

IF UNDER 24 HRS

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IF UNDER I YEAR

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DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

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TATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR					CERTIFICATE OF DEATH REG. NO.					
		. DECEASED NAME FIRST MIDDLE					AST	20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR			JR	
		Hester					ggle	July 3	, 1984			M
	3. SE)	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF UN	DER I YEAR	IF UNDER	R 24 HRS
	1	Male		Bl	ack	8	9 16	67	YRS.	5	1.00%3	At iis.
6		RTHPLACE STATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY	R COUNTY OF	PEATH		- VI, IC
	Ma	Maryland U.S.A.				WIDOWED DIVORCED BALTIMORE CITY,					MD.	
6					OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			ESS OR		
		ALTIMORE		' 6	28 Jasp	28 Jasper Street						
5	13a_S	AL RESIDENCE (IF NURS STATE aryland	ING HOME OR 138. COUP		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltim	N ·	13d. INSIDE CITY LIMITS? YES [X NO]	13e. STREET ADDRESS 628 Jasp	er Stre	eet	212(01
1	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			145		
0		William		MIDDLE	Tiggle		Cora	MIDDLE	1	Nort.	heri	n
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	66 SOCIAL SECURITY NO. 17. INFORMANT ADDR			ESS			
		NO	(11 123, 014	E WAR OR DATES)	216-22-	4113	Alexander	Tiggle 62	8 Jaspe	er S	tre	et
		18 CAUSE OF DEAT	H (Enter an	nly ane cause per	line for (a), (b), and	d (c).)	4	-		BETWEEN	MATE INTE	RVAL
		PART 1. DEATH W		D BY: TE CAUSE (a)	cardiopi	ulm	unary Arre	st.				
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any,		((b) /	Metasta	tic	Lung/Gas	tric, Cani	21-			
u		gove rise to imm couse (o), statin	g the	DUE TO, O	AS A CONSEQUE	NCE OF	//					
	Tu	underlying cause	lost.	(c)	OP.D				1 40000			
	7	PART 2 OTHER SIGN	NIFICANT O	CONDITIONS CO	INTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PART 11c	3 '	
	TO											
7	CERTIFICATION				tion for which operation was performed			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO			TH?	
7	CER	21a. ACCIDENT WAS UND	_		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 C	OR PART 2)		
	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		4117		19	3					
	MEDICAL	21d. INJURY OCCURRED 21d. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE.					21f LOCATION	CITY OR TO	DWN (OUNTY		STATE
	Σ	WHILE NOT WH	RK	I AT HOME STR	EET, FACTORY, OFFICE, F.	ARM, ETC]	318261					, IA12
		22a.1 certify that (1)	(this hospi	tol) of inded the		July	19 83	, talliN	. 198	1	that (I) (we) last
	1	saw the decease	ed olive on	t) viewable body		, ar	d that in (my) (our) opinion	death occurred on the o	ote and hour and	fram the	causes st	oted
		above, (1) (we) (did) (did nat) view the body after death. 278. SIGNATURE 270. DATE SIG							SIGNED			
1		(Karakis				ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7-3-89				1		
		22d. PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS	1 11	1 1			
		A Kar	ralc	15			Univers	ity HOSP	10			
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	İ	BURIAL		7/7/8	4 Mo	unt	Calvary Cer			CO.		Md.
	24 FL	JNERAL DIRECTOR			ADDRESS			TE REC'D. BY REGISTRAF	256 REGISTRAR'S	SSIGNATI		••
	Wm C March F/H Inc. 1101 E Nor						Avenue J	1 5 1984	guianous	5001-4	anar	54

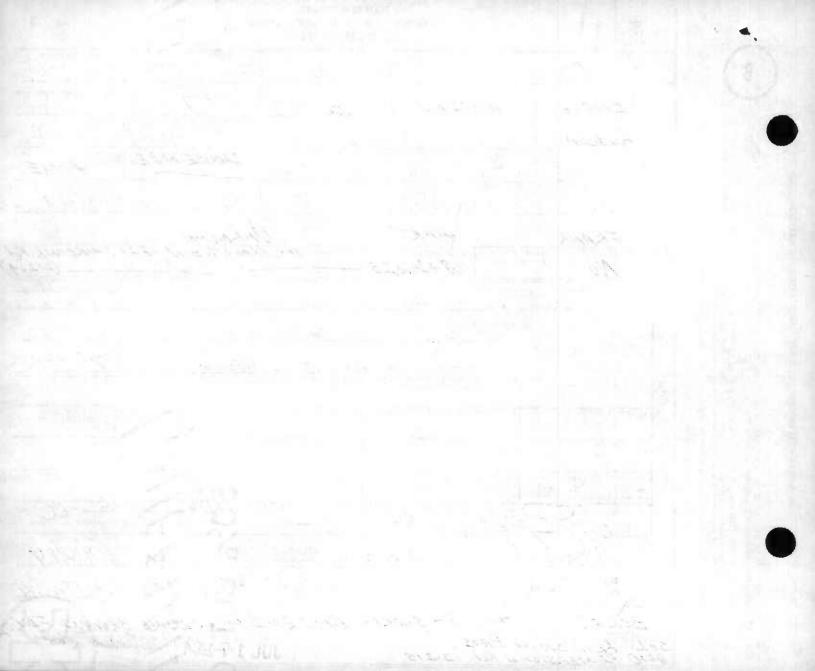
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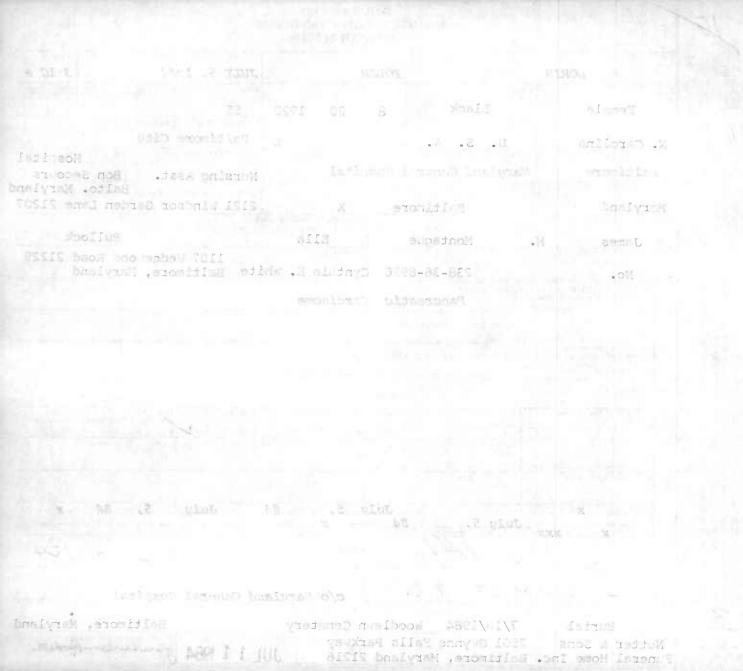
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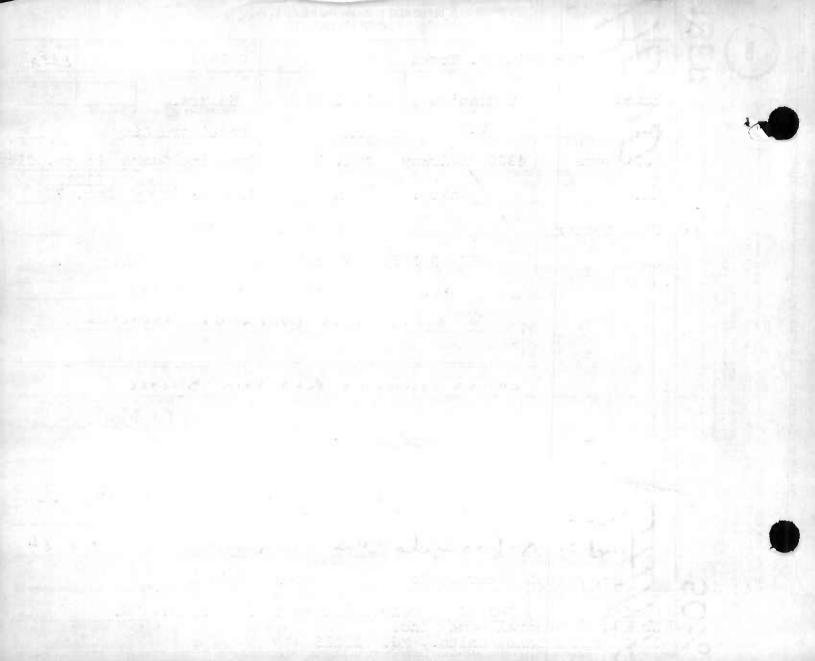
91 .	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I	HYGIENE REG. NO.	9 5 8
2B 3		CEASED NAME OR PRINT) ANA	WIDDLE	TOBIN	20. DATE OF DEATH MONTH	14/1984 1-50 PM
oge 4 mo	3. SE	FEMALE	AUCASIAN	5. DATE OF BIRTH MONTH DAY 1907	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	# UNDER I YEAR IF UNDER 24 HRS
death death		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF COUNT	ALTIMOREMO.
4 13 40	B	ALTIMORE	S NOT IN SUCH FACILITY, GIVE STREET	OSPITAL BALTIM	URF TO THE	126. KIND OF BUSINESS OR INDUSTRY
and being	13a. S	AL RESIDENCE IN NURSING HOME OR STATE 13b. COUN		ATE YES NO	1250 NW 15/5/	r. B92206 / 206
omplete		FRANK	MIDDLE HAR	15. MOTHER'S MAIDEN	EN KNOWY	LAST
on ond cost. Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNK (17 YE) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECTION (E WAR OR DATES)	6025 Medical 1	Cros Gara SIA	17 Hop (21209
ertificate ng physicia bonpoper removal. c event, th		PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), or DBY: TE CAUSE (a) Carroli		yrest	BETWEEN ONSET AND DEATH
deoth of ottending ove carlifon, or oumoting		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	1	ction	2 HOGRS
that the d by the leose rem ial, cremo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		y disease	75 YEARS
equires r signe Then p to bur njury,	LION		CONDITIONS <u>CONTRIBUTING TO</u>		FERMINAL DISEASE OR CONDITION G	
The low recion. e hos been if permit. giene prior	CERTIFICATION	19s. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NOK IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO
HYSICIAN: The ading physicion is certificate buriol-tronsit p f Mentol Hygier or them?		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
DING PHY or attendir After this is as the bu olth and M morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	1.10	CITY OR TOWN	COUNTY STATE
		sow the deceased alive an abave (U (we) (did) (did no	ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		nion death occurred on the date and ha	
HOSPITAL OR ATTEN med by the hospital FUNERAL DIRECTOR. Jul be detached for un the State Dept. of He ORTANT. If them 21 is		27b. SIGNATURE	il 1	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAFF	07/19/89
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OF	OR PRINT)	220. ADDRESS COSTNA	I HOSPITAL	BALTIMULE
BP		BURIAL, CREMATION, REMOVAL	7-16-8451	NAME OF CEMETERY OR CREMATO	NS FT. LAUDERDALE	BROWARD FUR
OHMH 16 50M 4/82 (VRA 15, 4)	3	UNERAL DIRECTOR . LNAME LEVINSON BIO RELETERSTO	NA BRUS. ADDRESS		DATE REC'D. BY REGISTRAR 258 REGIS	Dan Balana Randa R



STATE OF MARYLAND



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(VRA 15, 4)

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RPRINT) Beatric Fem. HPLACE (STATE OR FOREIGN UNITRY) CORTOWN OF DEATH Balto. RESIDENCE (IF NURSING HOME O LIBOR OF DEATH BRIST RESIDENCE (IF NURSING HOME O LIBOR OF DEATH (IF YES, GI NO OR UNKNOWN) (IF YES, GI NO OR UNKNOWN) 8 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMEDIA	A RACE COULD TO CITIZEN OF WHAT U.S. A TO NAME OF HOS TO THER INSTITUTION GIVE NTY A RMED FORCES? TO WAR OR OATES! TO YOUR ARROWS OF THE PROPERTY OF	S. DAT AT COUNTRY? MARI WIDO MITTAL NUMBERS CATON AVE RESIDENCE SEFORE AND ANDISSIO CITY OR TOWN Balto SOCIAL SECURITY NO 215-12-0840	Turner E OF BIRTH ST O2 RIED NEVER MARRIED DIMORCED DI	Hair Dress 3939 Rolan AME Elizabe ADDRESS ADDRESS AME AME ADDRESS AME	HOAY) IF UNDER YRS R COUNTY OF DE. I LY ON 126 IND. MACHE I	ATH MD KIND OF BUSINESS OR USTRY Retired
HPLACE (STATE OR FOREIGN UNTRY) OR TOWN OF DEATH BOLLO. RESIDENCE (IF NURSING HOME O ATE 13b COU HER'S NAME FIRST KONE (S DECEASED EVER IN U.S. AF (NO OR UNKNOWN) (IF YES. GI OR TOWN OF DEATH (Enter o PART I. DEATH WAS CAUSE	A RACE Caus 76 CITIZEN OF WHA U.S. A 1 J. AMEDICATION GIVE NTY MIDDLE A ROTHER INSTITUTION GIVE NTY 13c. MIDDLE A ROTHER OF ORCES? 16b. ROTHER OF ORCES? 10ly one couse per line ED BY	AT COUNTRY? 8 MARI MARI MIDO MATERIA SERVICE SEFORE ADMISSIO CITY OR TOWN Balto SOCIAL SECURITY NO 15-12-0840	E OF BIRTH ST 2 RIED NEVER MARRIED WED	9. BALTIMORE CITY O Balto. (1) 126. USUAL OCCUPATH (1YPE OF WORK FOR MOST O HAIR Dress 136. STREET ADDRESS 3939 Rolar AME Lizabe ADDRE	YRS. RCOUNTY OF DE. Ity ON F WORKING LIFE; IND. MARKET SET STATEMENT SET SET SET SET SET SET SET SET SET SE	ATH MD KIND OF BUSINESS OR USTRY Retired 1211 Kinzer Blvd. 2122
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8 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ED 8Y	for (a), (b), and (c)	Total yearsure	untrec 121	end/worke	
				20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
			21c. HOW INJURY OCCUR			NO []
(IF EITHER NOTIFY MEDICAL EXAMINE Id. INJURY OCCURRED WHILE NOT WHILE	R) P.M.	NJURY	211. LOCATION STREET	CITY OR TO	ww cou	UNIY STATE
20 Certify that (I) (this hosp sow) the deceased alive or obove, (If (we) (did) (did we) 21 SIGNATURE OUT OUT 74 PHYSICIAN'S NAME (TYPE	Niew the body ofte	1084	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F 22c	2. that (I) (wallost om the causes stated DATE SIGNED 7-11-8 4 D, MD 2122
RIAL, CREMATION, REMOVAL	7-13-84	23c. NAME OF	Livet (em.	23d LOCATION CITY OR TOWN Balto		M.
P P P P P P P P P P P P P P P P P P P	DATE OF OPERATION a. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF DE RETURN OF COURSED WITH CONTRIBUTION AT WORK Conditions, if ony, which gove rise to immediate touse (a), stoting the underlying couse lost. ART 2. OTHER SIGNIFICANT CONDITIONS CONTINUATION OF ARCONTRIBUTING CONTINUATION OF ARCONTRIBUTING CONTINUATION OF ARCONTRIBUTING CONTINUATION OF ARCONTRIBUTION OF ARCONTRIBUT	DUE TO, OR AS A CONSEQUENCE OF INDURY COUSE (10), stoling the couse (10). ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CONTRIBUTING T	Conditions, if ony, which gove rise to immediate touse tol, storing the princerlying couse lost. ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM DATE OF OPERATION IPP CONDITION FOR WHICH OPERATION WAS PERFORMED IPP CONDITION FOR WHICH OPERATION WAS PERFORMED IPP CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 INJURY OCCURRED AL WORK ALWORK INJURY OCCURRED AL WORK IPP CONTRIBUTION OFFICE, FARM, ETC.) INDURY HOLE CAUSE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) INDURY HOLE CAUSE OF PRINTIN DEGREE ALWORK IPP CONTRIBUTION OFFICE, FARM, ETC.) INDURY OCCURRED ALWORK IPP CONTRIBUTION OFFICE, FARM, ETC.) IPP CON	Conditions, if ony, which gove rise to immediate toolse (o), stoting the pinderlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE	Conditions, if ony, which gove rise to immediate power rise power rise to immediate power rise p	

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Burial 7-12-84 14. Wisset Con. 1040.

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEXTH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-23 19 84 TURNER DEATH MATED MILDRED 3. SEX 4 RACE S. DATE OF BIRTH A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 70. DATE 8:52 a M LAST BIRTHDAY PRONOUNCED DEAD 23 1984 To BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Baltimore City FILED. ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 3908 Liberty Heights Ave. Abot Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STREET ADDRE 30 STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME F1051 MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? URITY NO PAGES 1 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. Alcoholism IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC RIAL, CREMATION, OR REMO Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA OF PRIOR TO BURIAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21e EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE EXECUTE THE CLANT PACE 4 SHOULD BE FORW TO FUNEAL DIRECTOR. PATER DEATH, WITH THE ST BALEMORE, MARYLAND. 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion Inquiry deoth resulted from Natural couses Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7-23-84 Assistant SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. TYPE OR PRINT 23c. NAME OF CEME 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5))

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STATE OF MARYLAND

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.			
1	I. DECEASED NAME FIRST OT			WIDDLE		AST	20 DATE OF DEATH		YEAR	26 HOUR P
31			I,O	D	TURN	ER	JULY 18	, 1984		1:27 M
1	3 SEX	(4. RACE 5. DATE OF				6 AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		male	bla	ick	9	21 14	70	YRS	U.S. DATS	MIN.
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED XX 9 BALTIMORE CITY OF COUNTY OF				
36	`	arvland	II.S	S.A.	WIDOWE		BALTIM	ORE C	TY	MD.
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
33	B	ALTIMORE		THE PACILITY, GIVE STREET		HOSPITAL	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
	USUA	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)		L. STORET ADODESS	710 0000	2.1	214
35		arvland 13b COU	411	Baltin		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2309 Mon			
		THER'S NAME			HOLE	15. MOTHER'S MAIDEN NAM		CCDC1.	0 10	TTACE
A A		FIRST	WIDDIE	Tan same of same		FIRST	MIDDLE		D as no 1s	
400	16a. W	Albert VAS DECEASED EVER IN U.S. AR	MED FORCES?	Turner	URITY NO	Lena 17 INFORMANT	ADDRE	SS	Burk	ELL
1	· ·		VE WAR OR DATES)	N/	٨	77 1 1 77	026 1	TT = 1. 2		
1		YES [Harold Kee	ne 936 N.	wasni		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per ED BY:		4	2.10-				MATE INTERVAL ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	Cardi	ac c	crus			a.	mins.
			DUE TO, OI	R AS A CONSEOU	1 %	1 73.0			9	1
		Conditions, if any, which gove rise to immediate	(b)	myoco	ardia	L -CNTarci	NON			aays
		couse (a), stating the underlying couse lost	DUE TO, OI	R AS A CONSEOU	JENCE OF	11 - Fo			10	uears
			(c)	Corono		theroscierc	1815		10	
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT		INAL DISEASE OR CON	DITION GIVEN	IN PART 10	1
	CERTIFICATION	Syrcope,	Careli	ogenic	She		emia	Tank of VEC 11	EDE EN ION	105.11550
2		190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W		
La						Tai wasan a sana	YES NOW	YES [NO 🗌
G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	110110 1	M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	OR PART 2)	
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.		19					
, i	MEDICAL	21d INJURY OCCURRED	21e PLACE (OF INJURY REET FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	-	AT WORK AT WORK								
		22a 1 certify that (1) (this hosp			July	9 19 84	to July 1			that (1) (we) lost
		sow the deceased alive or obove, (1) (we) (did) (did no	ot view the body	ofter deoth.	8 , or	nd that in (my) (our) opinion o	deoth occurred on the do	ote and hour or	nd from the	couses stated
		226 SIGNATURE	0 1			DEGREE		. /	22c. DATE	SIGNED
		Steven N	· Wala	ne	n	ATTENDING PHYSICIAN	MEDICAL STAF		1711	8184
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	5-50		22: ADDR 600 N.	WOLFE ST.	BALT	O. MI	21205
1		Steven D.	. Walc	orre v	ND	JHH, N+	Broadwa	4, B	21-1	Md.
1	23o B	URIAL, CREMATION, REMOVAL	236 DATE	236	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	OUNTY	STATE
		SPECIFY) BURIAL	7/24/	/84 G.	arris	on Forest V			JUNIT	Md.
13		JNERAL DIRECTOR		ADDRESS		25a. DAT	E REC'D. BY REGISTRAR	256 REGISTRAI	E'S SIGNAT	
24 FUNERAL DIRECTOR NAME Wm C March F/H Inc. 1101 E North Avenue 250. DATE REC'D BY REGISTRAR 758 JUL 20 1984							1 marian	14001 -1		
	THE REAL PROPERTY.	- Harm Line								

DHMH - 16 50M 4/83 (VRA 15, 4)



exemply a morting H THE THE STATE OF THE PERMIT

Funeral Home Inc. Baltimore, Maryland 21216

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

enlithmen City

Jamie Jacke . 1808

2022 w. Zayette St. Baltsmore, Maryland 21223

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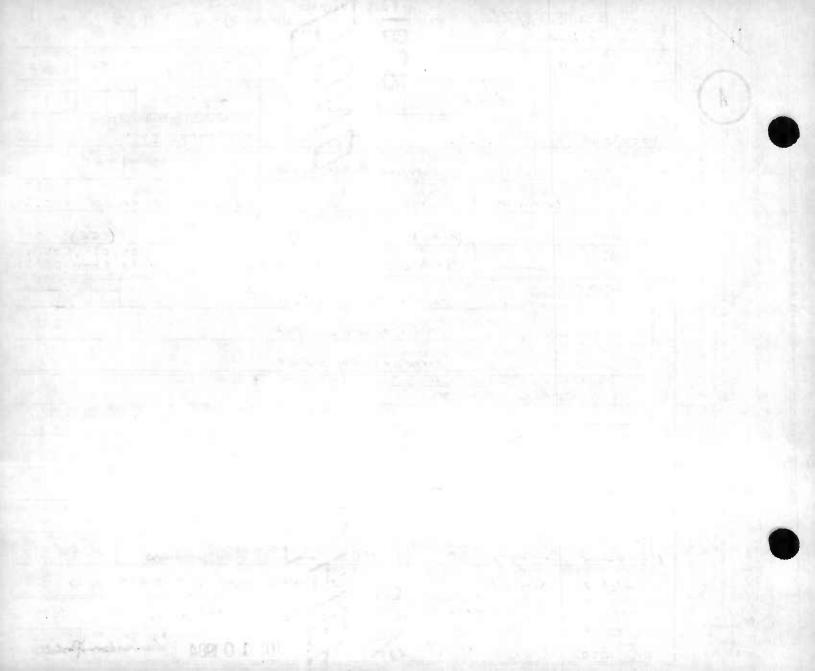
Valencine Janice Jonie 18 S. Liemonr. trett

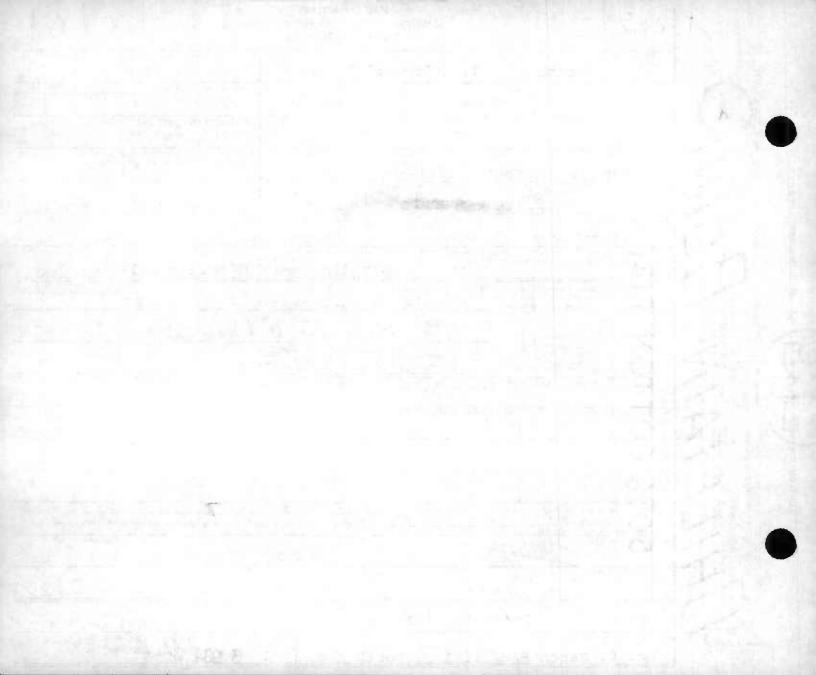
Burini /S/130 in bu amorin and Birinder, Mayland Nuchor & Sons 2010 and 2010 areas

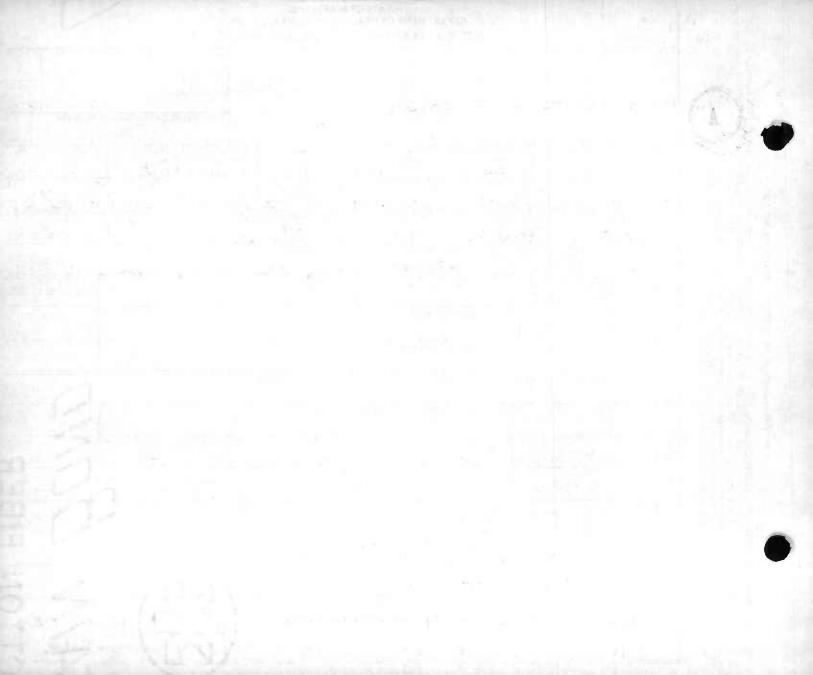
	- 1		STATE OF MARYLAND		
A	2	FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	1916
	: 7	1. DECEASED NAME THIST (TYPE OR PRINT)	J. VANGHN	20. DATE OF DEATH MONTH DAY	84 440 A
	(A)	3. SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 7.57		UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
	h. Page		OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY O	- 6
	deot	10 CUY OR TOWN OF DEATH 11. NAME	WIDOWED DIVORCED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	BACTIMORE 120 USUAL OCCUPATION	12b KIND OF BUSINESS OR
201	filed in	BALTIMONE GOUTE	IN SUCY FACILITY. GIVE STREET ADDRESS! H WAS PIPME		INDUSTRY
ND 21	24 hou	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IN THE STATE 13b COUNTY	JION OVERESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN 134 INSIDE CITY LIMITS? NO []	13 STREET ADDRESS / ZIP CODE	DEN CT
MARYLAND	d within	14 FATHER'S NAME AUBHN MIDDLE	WISTATT PARCER		ANNE
BALTIMORE,	Pages 1	160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OPTINIONN) (IF YES, GIVE WAR OR DATE)	ES2 146 SOCIAL SECURITY NO 17 INFORMANT - 4	ACILSON, MD. 3	BEH, BALT, MB
ST., BALT	phylicia npopirion moval	18 CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ((ARAID PULLALGONART A	MEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON S	e deoth cer tottending nove carbo otion, or re troumotic e	DUET Conditions, if ony, which		IT LUNG	7 days
W. PRE	d die e	gove rise to immediate	O, OR AS A CONSEQUENCE OF		
201	uires that signed by en please b burial, cr ury, ar ath	PART 2 OTHER SIGNIFICANT CONDITION	E)	INAL DISEASE OR CONDITION GIVEN	I IN PART 11a
DIVISION OF VITAL RECORDS,	law req		ONDITION FOR WHICH OPERATION, WAS PERFORMED	20a AUTOPSY? 206 IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
VITAL	N. The language in the language is cost to the roast pe Hygiene 18 shows	210. ACCIDENT WAS UNDERLYING 21b. TH		YES NO YES	
O	Sicial physical physi	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		
VISIO	ING PHY After this os the bu th and M orked or	216. INJURY OCCURRED 216. PL WHILE NOT WHILE (AT HO)	ACE OF INJURY ME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	TENDING TOOR: Aft OR: Aft Theolith	220.1 certify that (I) (this hospital) often l	(A × A -)	death occurred on the date and hour o	, that (I) (we) last
	hospi RECT Red for ept. or	above, (I) (will) (dd) (at) fat) faw the	DEGREE	deall occorred on the dole ond hour o	22 DATE SUND
	the Date of the Da	Ann Joepen	MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/9/84
	TO HOSPITAL retoined by th TO FUNERAL should be det with the Stote	AUEN C	JACICSON BBOH	BART, MI)
	BP	230 BURIAL, EREMATION, REMOVAL 236 DAT	13-84 Lakeview Cem	Eldersburg.	COUNTY MA STATE
D	0HMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR LEVOJ O. Duett	400 Dest berty 11 And JU	ERECTO BY RESORTER TO STAND AND AND AND AND AND AND AND AND AND	IR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND







74 FUNERAL DIRECTOR Gasch's Sons ADDRESS 4739 Baltimore Ave.

Hyattsville Mil

Funeral Home P.A.

FOR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

154 DATE MEC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

THE THE PARTY OF THE PARTY AND THE BEALTIAMEN STATEMENT All and the second seco ANTEADAS PATHAK I.D. GOOD SATERAM A F. PARTHONE NO. Charleson that bourtoon was exect necessary in

Items 13c, e, and 14, 17G593 7/16/84JSTATE OF MARYLAND

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Francis Cott Ley Todical Center Tonsonife

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06 300 . Her fill agoust the teles

Obi-10-170 Frank D. Virgilin, M.D. Sorth Venier Florida

July12,1984 Arlington Vacional Artington Virginia

Leaured J. Buck, Inc. Haltsmore, Maryland 1911 to and 1922 to the second

oge 4 may be

and completely filled in by the furnity

injury, or other troumatic event, the medical examinations

should be detoched for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

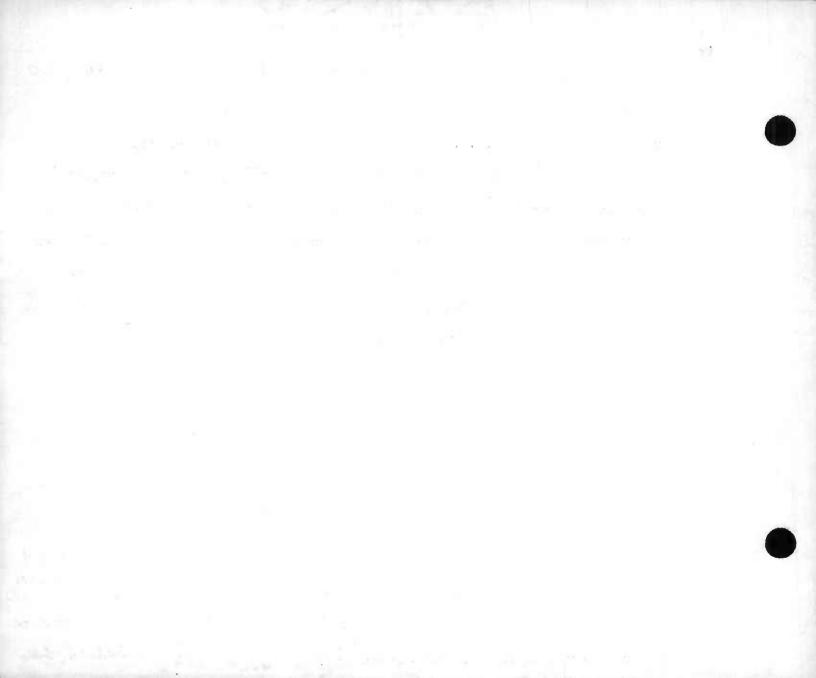
TO FUNERAL DIRECTOR After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

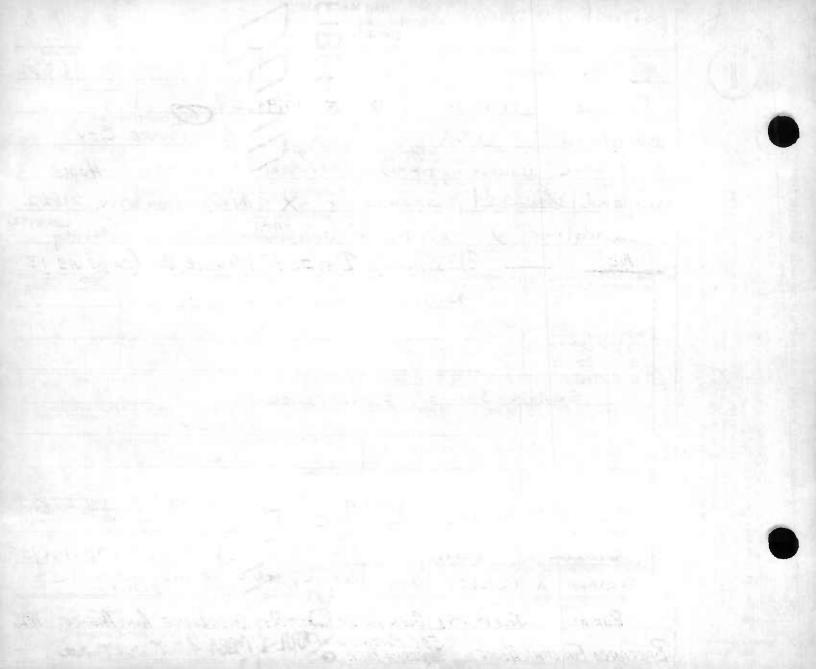
1	1.5	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO					
N		CEASED NAME	EIRST	A	MIDDLE	· ·	AST		20 DATE OF	DEATH *	HIMON	DAY	YEAR	26 HOL	JR
1	Trink	OK PRINT)	CURVI	N	EUGENE	WA	AGNER				7	16	84	9:	50 _M
Λ	1. 5EX	Proxestiation.		4 RACE		5. DATE C		YE AR	6. AGE 1N Y	EARS LAST BIRTH	IDAY)	MONTHS.	R I YEAR	IF UNDER	24 HRS
		MALE		WH	ITE	MONTH 7	28	07	76	5	YRS_				
4		RTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER	MARRIED 🗆	9 BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH		
5	Mar	yland		U.S	.A	WIDOWE		IVORCED [Ba1	timore	Cit	v			MD.
		ALTIMOR			HOSPITAL, NURS HEACILITY, GIVE STREE F.C. HOC		R OTHER IN	MOITUTITE	enera.	occupation 1 of Mana	working i	IFE) IND	KIND OF USTREC	lup.	
	USUA 130 S	AL RESIDENCE IF	JURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	*****		13e.STREET	ountan			- 1		
1		iarvland	How.		Ellicot		YES [CITY LIMITS?	2915	Norma	ndy	Driv	re 2	2104	3/
		THER'S NAME			LAST		15 MOTHER	'S MAIDEN NAM	ΛE	MIDDLE			LAST		
0		Thoma		WIDDIE	Wagne	er		rmsr unavaila	able	WIDDLE			Heir	nem	an
	160 W	AS DECEASED EL	ED INITIS AD		166 SOCIAL SEC		17 INFORM	***		ADDRES	S				
	Ÿ	ES NO OR UNKNOWN)	WV	WAR OR DATES)	216-01-	-0908	Walte	er H. Ge	ffert	4114	Font	Hi1	1 Dr	. 2	1043
		18 CAUSE OF DE	ATH (Enter or	ly one couse per	line for (a), (b), c	and (c).1						8	APPROXIMETWEEN O		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Dehydration											12	5 1	nt
		DUE TO OR AS A CONSEQUENCE OF									_				
		Canditions, if a		(b)	Aden	carci	romi	a 07	colon	sto	pe	(V			
		gave rise to cause (a), st	ating the	DUE TO, OI	R AS A CONSEQ	UENCE OF		U			0				
- 1		underlying cause last (c)													
1	z	PART 2 OTHER S	IGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEAS	E OR COND	ITION GI	IVEN IN F	PART Ito		
-	CERTIFICATION	190 DATE OF OPE	PATION	18h COND	ITION FOR WHIC	H OPERATIO	NI WAS DEDE	OPMED	200 AUTO	DPSY2	20h JE YE	ES, WERE	FINDIN	IGS LISE	D
2	FICA	176 DATE OF OPE	KATION	178 COND	ITION FOR WHIC	.H OFERATIO	N WAS FERF	JKMED			IN CERTI	IFYING C		OF DEA	TH?
	ERTI	71a. ACCIDENT WAS	UNDERLYING E	1 216. TIME O	E IN HIRY		Tale HOW I	NJURY OCCURR	YES [NO DE INITIAL		PART LOR	PART 21	NO [
7		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M MONTH				((11))						
	MEDICAL	21d INJURY OCC		71e, PLACE		19	ZIT LOCAT	ION							
	ME	WHILE I NO	I WHILE		TREET FACTORY OFFICE FARM ETC) STREET					(ITY OF TOW	184	100	UNIY		STAIE
		220 1 certify that	WORK Language	tal) attended th	e deceased from	Ju	1112	10 82	1 10	July	16	10 8	9	that (1) i	we) last
		saw the dec	eased alive an	July	16 19	ani	nd that in (m)) (aur) apinian d	death accurre	d on the dat	te and ho	out and I	4		
		above, (I) (w	e) (did) (did no	ti view the bady	after death		DEGREE					22	DATES	SIGNED	
			ESTAMED ATTENDING PHYSICIAN I							STAFF			7-	16-	-84
_		224 PHYSICIAN'S	NAME (TYPE C)9 9 (NI)	-		22e ADDRE		DIRECTOR				-	1 /	rest
			EDNI	7 5 4	1EO		ST	4GNES	HOSP	MAL,	200	CA	ALTI		MI
		BURIAL, CREMATIC	ON, REMOVAL	236 DATE	230	NAME OF C	EMETERY OF	CREMATORY	234 LOC/	ATION:		COOM			7
	,	Buri	al	7/20/8	4 I	Loudon	Park (Cemetery	Balt	imore	8	717.65/41		Mar	yland
	24 FU	JNERAL DIRECTOI	R		ADORESS		21229	250 DATE	E REC'D. BY R	EGISTRA I		-		URE	* **
	Hu	bbard Fu	neral I	Home, In	c. 4107	Wilker	as Ave		nn 20	1984	gun	inedan	'idom'	-Mark	TAXILA

DHMH - 16 50M 4/83 (VRA 15, 4)



60	1 -	STATE REGISTRAR	//20/84 DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & C	1 9	1 6
(II)		CEASED NAME FIRST OR PRINT)	RST A	LAGONER	20. DATE OF DEATH	MONTH DAY YEAR	6 4.0 pm
96 4 mp	3. SE		1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 1914	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
nerol direction 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	0.	MORE CITY	Y MD.
rs ofter d	10. CI	oal tomore	Chivers it of	Maryland Hospita	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST NOUSEU	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
AND 212	130 S	anyland Bank	other institution give residence before NTY Agunda 13c CITY OR TOV Pasad	VN 13d. INSIDE CITY LIMITS?		Iton Drive	21122
ted within 24 ompletely filler ond 2 should	14 FA	CHERS NAME EIRST Walter	MIDDLE Y Jar	ZYNSKI Denor	MIDDLE	cha	wenerski 1954
BALTIMORE, cote be execu- ysicion and co opers. Pages I wal.	160 V		MED FORCES? (E WAR OR DATES)	DAVED F	. WAGONER,	SR. (SAME	
ST., g ph on p		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o D BY: TE CAUSE (o)		mphoma	APPRO BETWEEN	XIMATE INTERVAL
W. PRESTON not the death or by the ottendin sse remove carb , cremation, or other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL				
RDS, 201 equires the signed to Then pleo	NOI		conditions contributing to	DEATH BUT NOT RELATED TO THE TER		NDITION GIVEN IN PART 1	10
he low requir on. t permit There ene prior to be	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO
DIVISION OF VITAL NG PHYSICIAN: The r offending physicion Wher this certificate h os the bunol-transis p th and Mental Hygier th and Mental Hygier orked or item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		JRRED {ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART 2)	
OVISION VG PHYS of the bund Me h ond Me orked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE.	FARM ETC.) 211 LOCATION STREET	CITY OR T	OWN COUNTY	STATE
R ATTENDIF hospital or RECTOR: A red for use of for use of the other of Health of Health is more than 21 is more than 15 m		sow the deceased alive on above (1) (we) (did) (did no	ital) attended the deceased from,	St., and that in (my) (our) opinio	n death occurred on the		
the control of the co		Builace	a. Conery.	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF _ / ¬/.	SIGNED
TO HOSPITAL etoined by the TO FUNERAL should be detuith the Store with the Store IMPORTANT.		BARBARA A	. CONLEY /	BA	LTIMORE	21201	AL
BP		BURIAL CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY LEN HAVEN CEMETER	Y GLEN BURI		NDEL MD.
DHMH - 16 50M 4/83 (VRA 15, 4)	5	INERAL DIRECTOR NAME ARRANCO FUNERA	12 Home Seve	RITCHIC HOW TO SERVE PARK MP.	17 1984	R 256. REGISTRAR'S SIGNA	Lill

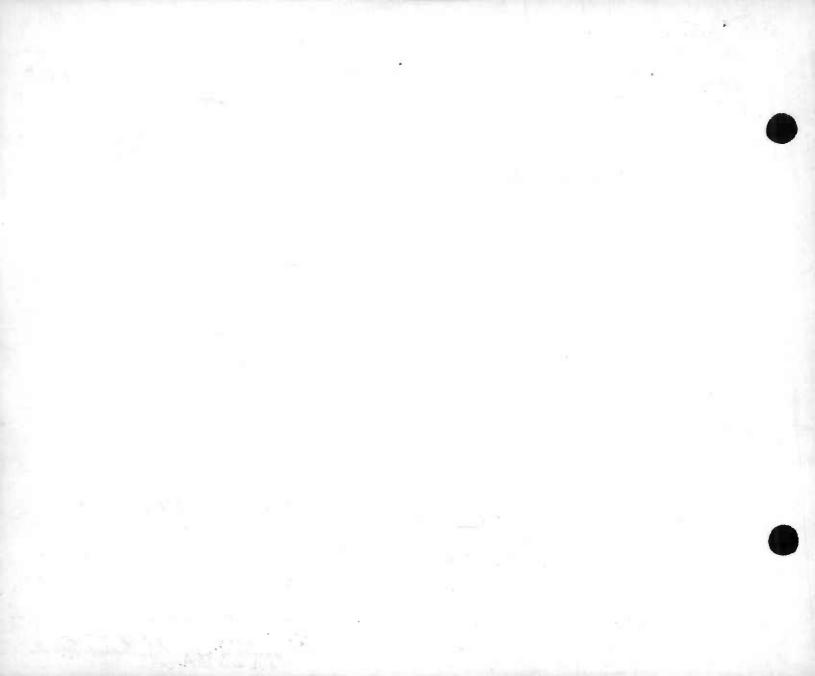
STATE OF MARYLAND



sAmusi	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	19177
305073	1. DECEASED NAME (TYPE OR PRINT)	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 00		COLDIE	WATNWRIGHT	07	04 84 5:50P
	J. SEX	1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
6 VI A.	FEMALE	BLACK	12 12 19	64 YE	
	BALTO , MD.	JE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED X	BALTIMORE CITY OR COU	CITY MD.
A	BALTIMORE	(IF NOT IN SUCH EACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) OPKINS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS / ZIP C	ODE 2/537
2 CA	MD 14. FATHER S NAME	BALTO	YES NO 115 MOTHER'S MAIDEN NA	11604 LILJON	FITALO
E 11776	EIRST	MIDDLE . LAST		WELOO I FIFOOIA	
	JOHN	CHAPPL		ADDRESS	O'BRIEN
0	(YES, NO OR UNKNOWN) (1	J.S. ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT		
	NO NO		KIM WOOLFO	LK 1604 LILJ	ONE CAPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS	125216			7/3 -7 30 A
2 0000	160	DUE TO, OR AS A CONSEQU	IENICE OF		, 6
0	Canditions, if any, w	Mane			7/3 ~7 4
W. PM.	gave rise ta immed cause (a), stating underlying cause	the DUE TO, OR AS A CONSEQU	ENCE OF		
S P P P P P P P P P P P P P P P P P P P	PART 2 OTHER SIGNIFI	CANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART I to
S S S S S S S S S S S S S S S S S S S	& colonic		1	109	
2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
11117	210, ACCIDENT WAS UNDERS			RED (ENTER NATURE OF INJURY IN ITEM	S IB PART I OR PART ?)
Z 58 111 14	4	XAMINER) P.M.	19 211 LOCATION		
OS CALL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY
五 2 4 5 4 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		s haspital) attended the deceased fram.	June 29 1929	10 July Y	19 89 , that (1)(we) last
A THE STATE OF THE		ilive an 19 / 19 / 19 / 19 / 19 / 19 / 19 / 19	and that in (my) (our) apinion	death accurred an the date and	have and from the causes stated
A SERVICE	276 SIGNATURE	(did har) view the body after death	DEGREE		276 DATE SIGNED
Al Dal Dieto	Jew T	lend	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/4/94
O HOSPITAL retained by th TO FUNERAL should be deter with the Store	226. PHYSICIAN'S NAME SCOT	REMICK	170 ADDRESS J H H 60	N. Broadw	ray Bx H 21205
10 H 10 F shoul	230 BURIAL, CREMATION, REA	AOVAL 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	BURTAL	7/7/84	CEDAR HILL CEM.	CI CUI D.	COUNTY STATE
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR		DA DA	TE REC'D. BY ALCIVIRABLE TO	CINEDAR'S THE TURE
(VPA 15 4)	I I FROY O DV	FTT 4600 LIBERTY	HOTE AVE	THE TOTAL	Name of the Party

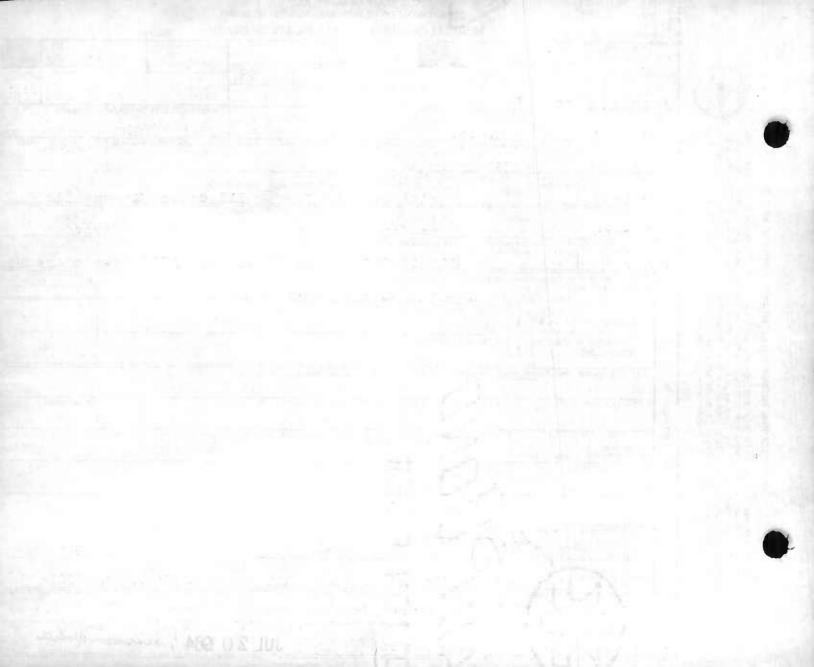


Item 13%,	i je	STATE OF MARYLAND SPARET ph. 7/26/84 kg DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 4 1 9 1 / 8
		CERTIFICATE OF DEATH REG. NO. CEASED NAME EMST MIDDLE LAST To DATE OF DEATH MONTH DAY YEAR TO HOUR
2 7 £		Lillian Walker 7 13 84 4:10 A
(85A)	3 SEX	
deoth. Poge		RTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVERMARRIED P. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY! STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVERMARRIED P. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED RESTAURANCE CITY OR COUNTY OF DEATH
by the filed with	PA	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (14 MORE) INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (14 OF WORK EOR MOST OF WORKING LIFE) INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (14 OF WORK EOR MOST OF WORKING LIFE) INDUSTRY
filled in b nould be fil	130. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATU 136. CITY OR TOWN 136. CITY OR TOWN 137. CITY OR TOWN 138. INSIDE CITY LIMITS? YES NO unknown
nd 2	14. FA	ATHER'S NAME ERST MIDDE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST
be executed an ond comp s. Pages Lor e medical ex		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS VES. NO OR UNKNOWN] (IP YES, GIVE WAR OR DAYES)
that the death certificate by the attending physicial ease remove corbonpopers. at crematon, or removal. or other troumotic event, the		APPROXIMATE NITERVAL BETWEEN ONSE AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
equires n signed Then pl	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
he low on. has ber t permit ene pric	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
음교 발표교 환	_	216. ACCIDENT WAS UNDERLYING COURSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
ING PHYSIC ratending After this cer as the buric ith and Men arked or the	MEDICAL	216. NJURY OCCURRED 216. PLACE OF INJURY LALHOME SIREET, FACTORY, ORDINE FARM ETC.) 216. PLACE OF INJURY STREET 216. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE
TTEND pital o TOR A far use of Heal		27a certify that (1) (this hospital) attended the deceased from 19 , to 19 , to 19 , that (1) (we) los saw the deceased alive on 19 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death.
Che he		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE SIGNED 276. DATE SIGNED 7/12/84
HOSPI Bined b FUNE ovld be th the S		27d PHYSICIAN'S NAME (TYPE OR PRINT) PANIS MD 9051 BALTMAT PICCE CIME 2104
ρ		BURIAL CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (SPECIAL) COUNTY (SPECI
DHMH - 16 50M 4/83	N/PI	WERAL DIRECTOR 250. DATE REC'D. BY-REGISTRAR 250. MORESS SIGNATURE ADDRESS SONATOR STONATOR S

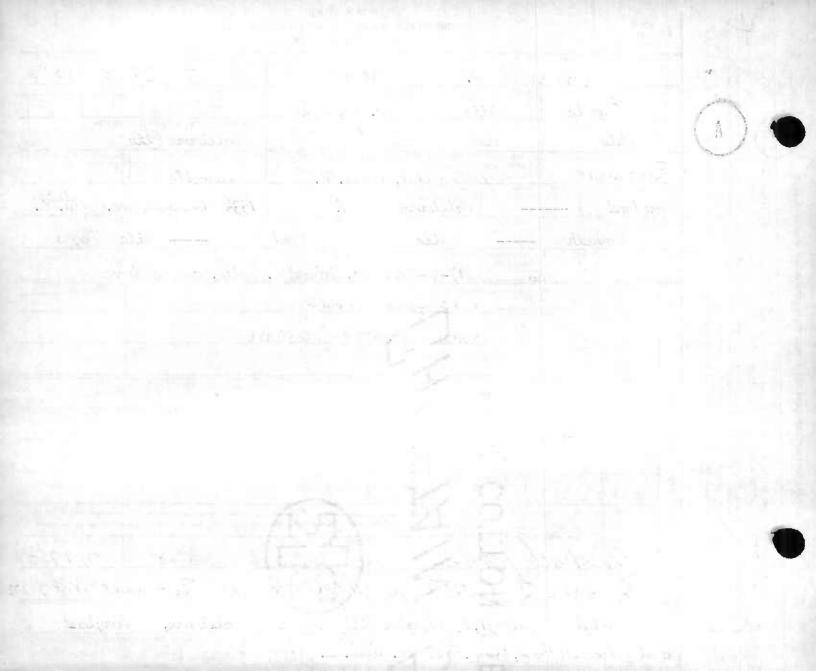


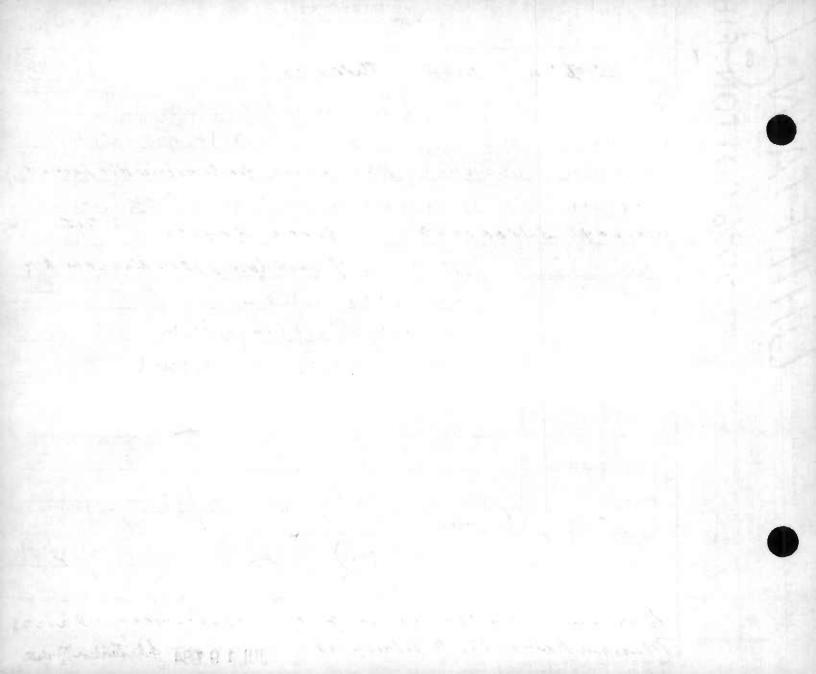
1-	FOR STATE				MENT OF					day	i	9	1 /	7
	REGISTRAR	FIRST	WEL	MIDDLE	AMIN		LAST	AIEOI			G. NO.			
	PE OR PRINT)									ATE KNOW		ONTH DA		26 HOUR
		VERNETTA		IOLA			ALKER			ATH MATE		7 18	1.7	13
3. SE	X 4 RACE	5. DAT	E OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER 2		DATE NOUNCED	MO	NTH D		20 11001
F	emale B1	ack 7	18	20		RS.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I	DEAD		7 18		5:15 a
	SIRTHPLACE (STATE OR OREIGN COUNTRY)	7b. CIT	IZEN OF WH	IAT COUN	TRY? .	8. MARRI	D NEV	ER MARRIE	D D 9 BA	LTIMORE C	ITY OR CO	OYTHUC	FDEATH	
	aryland		U.S.A	١.		WIDOW	ED X	DIVORCE	□ Ba	1timo	re Ci	ty		MD
	ITY OR TOWN OF DEAT		ME OF HOSE	PITAL, NUE		, OR OTH	ER INSTITUT	ION	120 USUAL O	CCUPATION			OR INDUST	
,	Baltimore		713 Os						TOR MOST O	WORKING LIF	c)			
USU	AL RESIDENCE (IF IN NUR	SING HOME OR OTHER I	NSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSI	ON)	13d. INSIDE CI	7× 11001763	13e. STREET A	DDBEEE				
	aryland	136 COUNTY			Ltimo:	* 0	YES X		2713		o Ma	70011	0 212	15
	ATHER'S NAME						15 MOTHE	R'S MAIDEN			7,01	CHU		
	EIRST	MIDDLE			LAST		FI	RST		MIDDLE		Uor	LAST	
160	Vernon WAS DECEASED EVER I	N U.S. ARMED FO	RCES?		owden	Y NO.	Ada			ADD	DRESS	How	ald	
- (YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR D		100				. 11	17 - 11	27	112 0		A -	
U	nknown	1.6			-18-8	0/9	Carr	011	Walke	I 4/	13 0	swe	go At	
	18 CAUSE OF DEATH	1 (Enter only one co AS CAUSED BY: IMMEDIATE CAUS				-		-	2.				BETWEEN ONS	ET AND DEATH
ILCATION	couse (a) stating lying couse last. PART 2 DTHER SIGNIFICANT		(c)				OR CONDITION	GIVEN IN PART	Tha:					
ON														
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDIT	ION FOR V	WHICH OPER	MINOLE	AS PERFOR	MED?				21	0 AUTOPSY	(3
E													YES 🗌	NO 🔀
	210 EXTERNAL CAUS	R	21b. TIME OF HOUR A.M. P.M.	MONTH.	DAY YEAR		W INJURY	OCCURRED	LENTER NATURE	OE INJURY IN I	TEM 18 PART 1	OR PART 2)		[/-])
MEDICAL	21d INJURY OCCURR WHILE NOT N	WHILE -	21e PLACE C				TREET		CITY	OR TOWN		COUNTY		STATE
2	AT WORK AT WE	took charge of the Natural coust		Accident	, Su		Homic TITLE (SI DASSI	PECIFY) stant	Undetermin MEDICAL Penn St	EXAMINER		my apinio	7-18-	-84
	BURIAL, CREMATION, RE	MOVAL 23b. DAT		23c. N	NAME OF CE	METERY O	RCREMATO	ORY	23d. LOCATI			COUNTY	Md	STATE
	FUNERAL DIRECTOR	F/H In	ADDRESS	L01 I	E Nor	h A		JUL	20 E	STRAR 25h	REGISTRA	AR'S SIGN	Adama R	2

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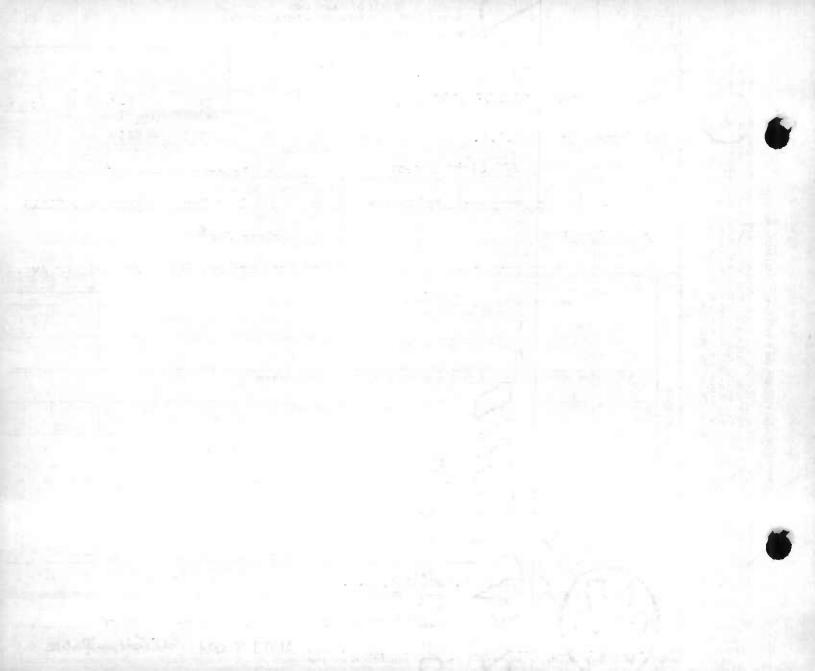


4	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 3 4	19180
age 3 death		CEASED NAME FIRST	MIDDLE H	WALLS	20. DATE OF DEATH MONTH	27 84 10 19m
je 4 may b , page er dea	3. SE		1. RACE White	5. Date of Birth Nov. 16. 1940	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR IF UNDER 24 HRS
death. Pos	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		RAITIMORE CITY OR COL	
rs after de by the In filed val	10 C	A LTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWILE.	12b. KIND OF BUSINESS OR INDUSTRY
ed within 24 hours impletely filled in by and 2 should be fill	7/4		OTHER INSTITUTION, GIVE RESIDENCE BEFORM 131, CITY OR TO Battime	RE ADMISSION) WN 1134 INSIDE CITY LIMITS?		le Ave. Balto. No.
ampletely ond 2 sh		ATHER'S NAME FIRST Kenneth	MIDDLE White	15. MOTHER'S MAIDEN N	L MIDDLE U.	Thite Boggs
n and on medice		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 217-38-	-7063 Mr. Richard	ADDRESS ADDRESS	s above
equires that the death certificate be signed by the attending physicia. Then please remove carbon popers to burial, cremotion, ar remaval. injury, or ather traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (c) (d) (d)	UENCE OF CY ARTERY DUSE	RMINAL DISEASE OR CONDITION	I GIVEN IN PART I (o
nos bee permit. ne prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
inG PHYSICIAN: The let a ratending physicion. Wher this certificate has as the burial-transit per the and Mental Hygiene orked at item 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOT WHILE	ein .	DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEA	N 18 PART FOR PART 2) COUNTY STATE
by the hospital or a ERAL DIRECTOR. After e detached for use as State Dept. af Health		220.1 certify that (I) (this hosp sow the deceased alive an	or privil		on death occurred on the date onc	thour and from the causes stated 220. DATE SIGNED 7/27/84
		BURIAL, CREMATION, REMOVAL	7 RSHEN 129b. DATE 1296 1244 31.1984	NAME OF CEMETERY OF CREMATOR	OCITY PRITOWN	COUNTY Land STATE
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	Durial UNERAL DIRECTOR Culty Funeral H			ATE REC'D. BY REGISTRAR 256 RE	Maryland GISTRAR'S SIGNATURE Lavidson-Andelle





FC.)R	DEPART		MARYLAND H AND MENTAL	HYGIENE &	191	8 2
- ST				CERTIFICATE	DEDEATH	G. NO.	
	ASED NAME FIRST	MIDDLE		LAST DDL ALL	2ª DATE KNOW OF ESTI- DEATH MATE	/N MONTH DAY	YEAR 26 HOUR
3. SEX	4 RACE	ERWIN S. DATE OF BIRTH	& AGE (IN YEARS IF U		R 24 HRS. 2c DATE	7-30-8419	YEAR 2d HOU
Ma		3719/84 1958	26 YRS.	THS DAYS HOURS	PRONOUNCED DEAD	8-4-84 19	4:50R
FORE	HPLACE (STATE OR GN COUNTRY) 1 timore, Md	U.S.A.	MAR	RIED NEVER MAR	RIED XX	TTY OR COUNTY OF DEA	TH
10 CITY	Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: 600 Light S	treet	HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE Laborer		OF BUSINESS DUSTRY
USUAL I 13a STA			OR TOWN	13d. INSIDE CITY LIMITS?		Heights Ave.	21215
14. FATI	HER'S NAME	AIDDIE	LAST	15. MOTHER'S MAIL		LAST	
	Alvin Wardlaw			Bart	ara Jacobs		
	S DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SO E WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADD	DRESS	
L	CAUSE OF SEATURE :			Barbara	Wardlaw, 4678		S Ave.
	PART I DEATH WAS CAUSE						ONSET AND DE AT
	IMMEDIA	(DUE TO, OR AS A CO					
	Canditians, if any, which						
	gave rise to immediate cause (a) stating the under		NSEQUENCE OF				
	lying cause last.	(c)					
	ART 2 OTHER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN P	PART I : a		
CERTIFICATION	9a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION V	WAS PERFORMED?		20 AUT	OPSY?
TERC						YES	NO [
W 2	10 EXTERNAL CAUSE WAS	216. TIME OF INJURY	DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2)	
CAL	INDERLYING OR			•	nd floating i	n water	
W V	Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTORY FARM. WATER		OCATION O'O' Light S	treet corvor Balt	imore, ^{co} Maryl	and STATE
	220 I certify that I taak char	ge at the remains described ab	ave, held an Auta	Inspecti	ian , Inquiry .	and in my apinian	
	death resulted fram: Natu	ur causes , Accident	, Suicide	, Hamicide	Undetermined manner	<u>K</u>].	
A	CTUAL IGNATURE	16		TITLE (SPECIFY) M.D. Assista	nt MEDICAL EXAMINER	DATE SIGNED 8-5-	84
E.	XAMINER'S NAME TYPE OR PRINT)	Gregory R.Kau	iffman, M.D	_ADDRESS	111 Penn Stre	et	
23a.BUR	IAL, CREMATION, REMOVAL		NAME OF CEMETERY	OR CREMATORY	23d LÖCATION CITY OR TOWN	COUNTY	STATE
	urial	8/11/84	Baltimore,	Cemetery	Baltimore.	Maryland	
N	IERAL DIRECTOR	ADDRESS		250. DATE	F REC'D BY REGISTRAR 1246	REGISTRAR'S SIGNATURE	2.00
Law	Funeral Home	4611 Park H e	ights Ave.	21215 AUG	1 1 14K4 Tun		*



10	1-	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE &	19	1 3 3
()		REGISTRAR		CERT		REG. N		
0.67%		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	26 DATE OF DEATH		EAR 2h HOUR
y be		Nora Lee				7/19/8		1.30 M
E (a w	3. SE	X	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
Poge 4	F€	emale	Cauc.		5/8/09 YEAR	75	YRS	
Po Po Po	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY?	IED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEA	TH
old one of the order	1	orth Carolina	USA	WIDOV		Baltimore	e City	MD.
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	128 USUAL OCCUPATI	ON 12b K	IND OF BUSINESS OR
by the fu	Ba	alto.			rive 21206	Clerk	K	echschild ohn
our n	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESID	ENCE BEFORE ADMISSION	1)		/ ZID CODE	*****
Filled avid to	Mo		NIY I3c CIT	alto.	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		ive 21206
ithin 2 sha		ATHER'S NAME	1 10	arco.	15 MOTHER'S MAIDEN NA		torac Dr	100 21200
3 27 25	CL	narles Spruil	MIDDLE	LASI	Unknown	MIDDLE		LAST
	200			CIAL SECURITY NO	17 INFORMANT	ADDRI	ESS	
mond co	No			-20-0522		n.12 Glenv	west Ct.	21237
						7		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
physica on popers emavol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for		400/16	nd Mi.	BE	WEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (0)	siece o	errhy/homia a	na ru		
the death ce the attending remaye carb emotion, or retraumotic			DUE TO, OR AS A		Action 1:			
dea dea de ave ave		Conditions, if any, which	((b) Y	may	muy and	au		
the rem		couse to1, stating the	DUE TO, OR AS A C	ONSEQUENCE OF	U			
d by lease lease or other		underlying couse last.	(c)					
gned gned en ple burk	l _	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	ITING TO DEATH B	JT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN P	ART Ito
The The	CERTIFICATION							
Deed been ony	18	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE	FINDINGS USED AUSES OF DEATH?
NG PHYSICIAN. The low ottending physician. Iter this certificate has big as the buriol-transit permit and Mental Hygiene principle of them of them 18 shows on orked or item 18 shows on	E					YES NO	YES 🗌	NO 🗌
SICIAN. The gaphysician gaphysician in construction in construction in construction in the many specific many spec	1 8	210. ACCIDENT WAS UNDERLYING		Y ONTH DAY YEA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORP	ART 21
SICIAI ng ph certifi anol-tr	AL	OR CONTRIBUTING CAUSE OF DE	AIH	15				
HYSI of burning of the arrithment of the arrithm	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION	CITY OR TO	OWN COU	NIY STATE
NG Pl After the das the as the and arked arked	E	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTO	ORY OFFICE FARM, ETC.)	SINCE			
O O O E		22s.1 certify that (1) (this hosp	atal) attended the decea	sed from	. 19		. 19	, that (I) (we) last
OR ATTEN OR ATTEN DIRECTOR oched for us Dept. of He	1	saw the deceased plive or	ラーバー	19 64	and that in (my) (aur) opinion	death accurred on the d	ate and hour and fro	om the couses stated
R ATT hospined for ept. of tem 2	1	obove, (l) (we) (did) (did n 22b SIGNATURE	ot) view the body offer de	oth.	DE GREE		224	DATE SIGNED
, 1 , 5 (1)		Roll	andi	/	MO' ATTENDING PHYSICIAN [MEDICAL STA	FF CIANI W	7-20-84
_ 0 4 2	-	224 PHYSICIAN'S NAME LIYPE	OR (RIN)	r	22e ADDRESS	_ DIRECTOR PHISH	CIANO	
OSF IUN Id b		R. SATAMI			100 N 15	1 madein.		
TO HOSP etained by should be with the S		0.772	· •	122		123d LOCATION		
F =		BURIAL, CREMATION, REMOVA (SPECIFY) Irial			CEMETERY OR CREMATORY	CITY OR TOWN	COUNT	STATE
BP			7/23/84		Evangelica	1 Ce,., B	alto., M	d
DHMH - 16 50M 4/83	138	himunek Fune	ral Home,	Inc.	25a DA	TE REC'D. BY REGISTRAN	ZSD REGISTRAR'S S	on fandelle
(VRA 15, 4)	33	31 Brehms La	ne, Balto	Md	21213 JI	JL 2 U 1964	12000000000	



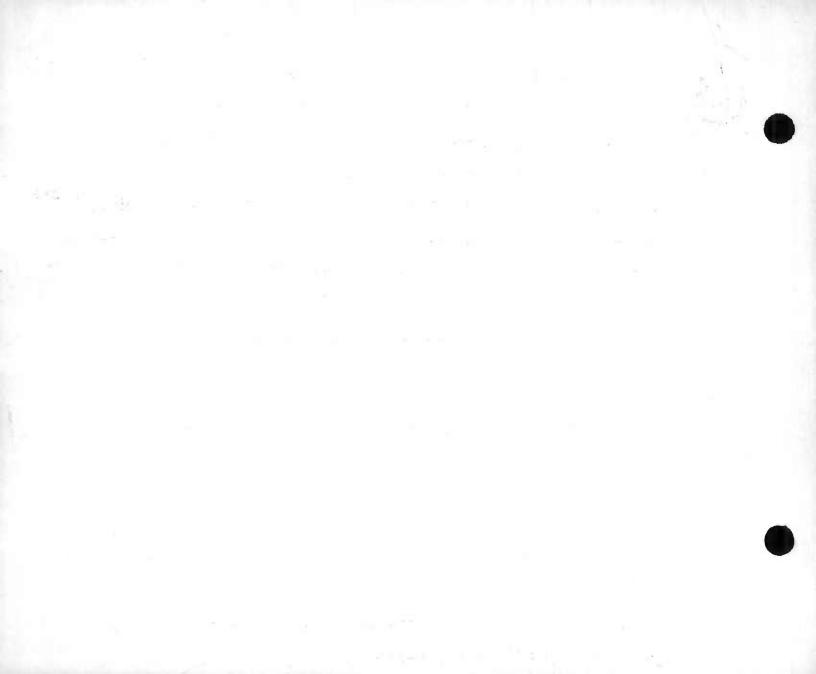
Service of the State of the Sta

/	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 PREG NO.	9 ! 8 5
1	I. DECEASED NAME FIRST	tten L. W	Parsinten SR.	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR 435 P M
A)	3. SEX	4. RACE	S. DATE OF BOTH MONTH DAY YEAR FLG. 3 1900	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	FUNDER LYEAR FUNDER 24 HRS
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH BALTIMORE	U-S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION ET ADDRESS)	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY 120 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LIN	MD.
55		ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORD OUNTY 136, CITY OR TO		13e.STREET ADDRESS / ZIP CODE 5 8 1 H LL S	11239 ROAD HAYS
medical	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (18 YE	ARMED FORCES? 166 SOCIAL SEC S, GIVE WAR OR DATES)	CURITY NO 17 INFORMANT	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, ar ather traumatic event, the	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause las	DUE TO, OR AS A CONSEOU	ctal concina	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
is morked or them 18 shows ony in	190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (If ETHER, NOTHY MEDICAL EXA WHILE NOT WHILE C	G 21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 19 211 LOCATION	IN CERTIF	S, WERE FINDINGS USED TYING CAUSES OF DEATH? S NO NART FOR PART 7] COUNTY STATE
MPORTANT: If them 21 is mork	22a I certify that (I) (this I	d not view he body after death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	19 84 that (I) (we) lost in and from the couses stated
_	230. BURIAL, CREMATION, REMO	707101084 C	NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	COUNTY CIARYLACE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

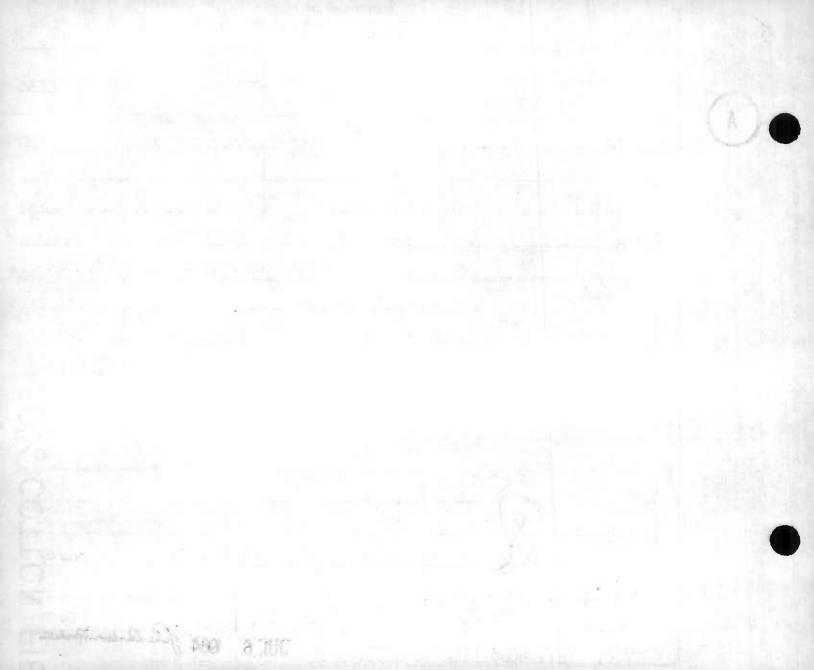
CERTIFICATE OF DEATH

REG. NO.

FOR

REGISTRAR

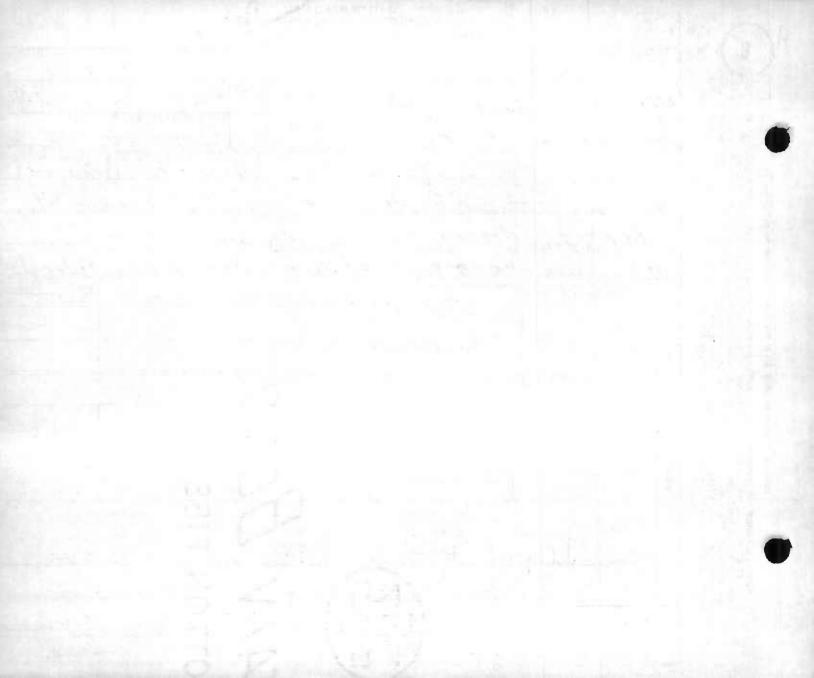
- STATE



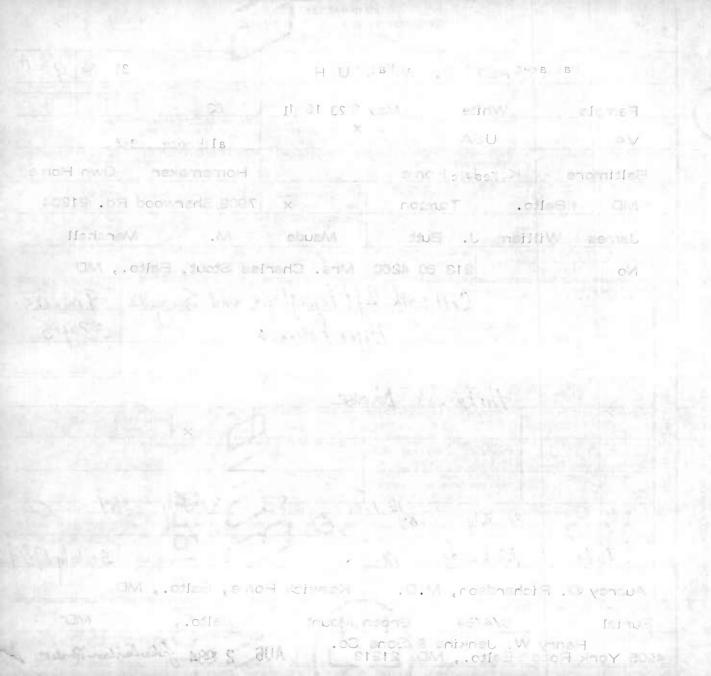
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) WASKOWSKI 5:10 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 3. SEX MONTH YEAR 1 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 4 126. KIND OF BUSINESS OR Retail Saleslady 130. STATE 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? NO T Ann St. Balto. Md. 21231 LTO. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FOJUT GUTOWSKI STANISLAUS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Barbara Paszkiewicz 211 S. Ann St. 21231 No 18 CAUSE OF DEATH (Enter only one cause per line forto), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 3 0 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AI WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (ayr) (our) opinion death occurred on the date and hour and from the causes stated above, (trive) (did) (did not wiew the body offer 226. SIGNAL # DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN FUNERAL PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS should be Dr. Raymond Gladue 701 Brookwood Road Balto. Md. 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 73b. DATE (SPECIFY) Burial 7-24-84 Holy Rosary Cemetery Baltimore Co. Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 George A. Weber & Sons Inc. 705 S. Ann St. 21231 (VRA 15, 4)

THE SECTION AND ASSESSMENT OF THE SECTION AS TENT LA PARTIE DE LA CONTRACTOR DE LA CO The state of the s A CANADA TO THE PERSON OF THE

20M 4/82



- 1'	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	DECEASED NAME	FIRST	MIC	DLE	1.	AST	20. DATE OF DEATH		DAY YEAR	21
	TO CHARINI)	MAR	GARET	B. V	VATA	NOUGH		7	31 84	
3. 9	SEX	4	RACE		S. DATE C		6. AGE (IN YEARS LAST	SIRTHDAY)	MONTHS DAYS	+
-/	Female		White		-	23, 1901	83	YRS.		1
3	COUNTRY)	r foreign 7	B. CITIZEN OF WI	Δ	MARRIE		9. BALTIMORE CITY Baltim	ore C	City	
10	CITY OR TOWN OF DE		(IF NOT IN SUCH F	SPITAL, NURSIN ACILITY, GIVE STREET CK HOM	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP	ST OF WORKING	(#E) INDUSTRY OWN	
3	UAL RESIDENCE (# NUI STATE	Balto	TY 1:	VE RESIDENCE BEFORE RUXTO	/N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 7909 She	S / ZIP COI	Rd. 2	21
30	FATHER'S NAME FIRST James		liam J	. Butt		15. MOTHER'S MAIDEN NA Maude	M. MIDDIE		Marsha	al.
2	WAS DECEASED EVE (YES, NO OR UNKNOWN)		WAR OR DATES)	13 60		17. INFORMANT Mrs. Char		, Balt	.o., ME)
	Canditians, if an gave rise to in cause (a), stat	nmediate ling the	(b)	AS A CONSEOUI	170	per fension	•	0	30	2 (
NO	gave rise to in cause (a), statunderlying cause	nmediate ling the se last.	(b)	AS A CONSEOUI	ENCE OF	POR ENSINE	AIN AL DISEASE OR CO	ONDITION G	30	0
Z CHICATION	gave rise to in cause (a), statunderlying court PART 2 OTHER SIG	nmediate ting the se last.	DUE TO, OR A	AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	ZOR AUTOPSY? YES NO	20b. IF Y	SIVEN IN PART TO	NC
AL CERTIFICAL	gave rise to in couse (a), statunderlying couse PART 2 OTHER SIGNATURE OF OPER. 19a DATE OF OPER. 21a. ACCIDENT WAS U	mmediate ting the se last. GNIFICANT CO ATION NDERLYING CAUSE OF DEAT	DUE TO, OR A (c) ONDITION CON 196 CONDITI	AS A CONSEQUI	DEATH BUT	ease	200 AUTOPSY? YES NO	206. IF Y IN CERT	ES, WERE FINDI TIFYING CAUSES YES []	NG
2	gave rise to in couse (a), statunderlying couse PART 2 OTHER SIGNATURE OF OPER. 19a DATE OF OPER. 21a. ACCIDENT WAS U	mediate the se last. GNIFICANT CO ATION NDERLYING [] CAUSE OF DEATI DICAL EXAMINER) RRED	DUE TO, OR A (c) DIVIDITION CON 196 CONDITION 216 TIME OF H HOUR AM P.M. 21e PLACE OF	AS A CONSEQUI	DEA H BUT OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FINDI TIFYING CAUSES YES []	NG
AL CERTIFICAL	gave rise to in cause lad, statunderlying course lad, statunderlying courselves and lader	Mediate ling the se last. GNIFICANT CO ATION NDERLYING CAUSE OF DEATH DICAL EXAMINER) RRED WHILE OOR OR OR OR OR OR OR OR OR O	DUE TO, OR A 10 DODITION COM 196 CONDITION 216. TIME OF HOUR A.M. P.M. 21e PLACE OF LATHOME, STREE	AS A CONSEQUI	OPERATIO AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCUR 211 LOCATION STREET 19 ad that in (my) our) aprinted	200 AUTOPSY? YES NO	20b. IF Y IN CERT NJURY IN ITEM IE	COUNTY	this co
AL CERTIFICAL	gave rise to in couse (a), statunderlying courselying courselying courselying DATE OF OPER. 210. ACCIDENT WAS UI OR CONTRIBUTING FIFE EITHER NOTIFY MED 1. NOTIVE COURSELY MED 1. NOTIVE COURSELVE COURS	ATION NDERLYING CAUSE OF DEAT DICAL EXAMINER) RRED WHILE OOR OOR OOR OOR OIT OOR OIT OOR OIT OOR OOR	DUE TO, OR A (c) DIVIDITION CON 196 CONDITION 216 TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE	AS A CONSEQUI	OPERATIO AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCCUR 211 LOCATION STREET 19 10 that in (my) our) apinion EGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF H	20b. IF Y IN CERT	ES, WERE FINDI TIFYING CAUSES YES B PART I OR PART 7)	the co
AL CERTIFICAL	gave rise to in cause lad, statunderlying course lad, statunderlying courselves and lader	ATION NDERLYING CAUSE OF DEATI DICAL EXAMINER) RRED WHILE CORR ORR ATION CORR ORR ORR ORR ORR ORR ORR ORR	DUE TO, OR A (c) DIVIDITION CON 196 CONDITION 216 TIME OF HOUR A.M. P.M. 21e PLACE (AT HOME, STREE	ON FOR WHICH INJURY MONTH D. INJURY I, FACTORY, OFFICE, F deceased fram 190 ter death.	OPERATIO AY YEAR 19 FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET ALLENDING	200 AUTOPSY? YES NO S RED (ENIER NATURE OF III CITY OF death occurred an the	20b. IF Y IN CERT	COUNTY th co	



notified or pinch

MPORTANT: If hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examin

STATE OF MARYLAND

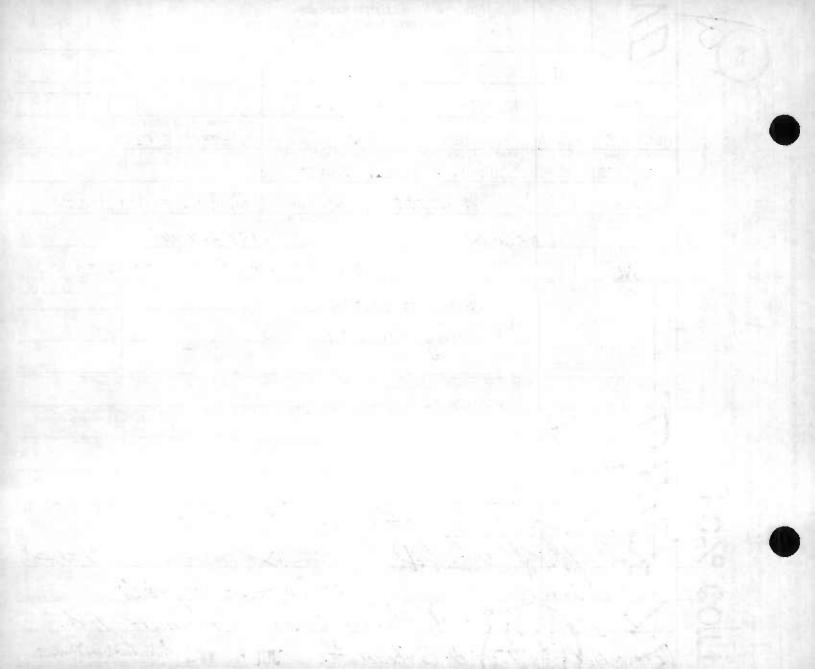
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	- STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. I	٧٥.		
Ì	1. DECEASED NAME FIRST	WIDDLE	LAS		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
ı	AMA		U,	NOZTA		7	3 84	5:30 AM
I	3. SEX	4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAYS	
	FEMALE	BLACK	10	17 18		YRS.		
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
	NORTH CAROLINA	AZU	WIDOWED	DIVORCED [BALTIMO	RE C		MD.
7	BALTIMORE	11. NAME OF HOSPITAL, NURS			128. USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COUN			3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		NKLIN	223 ST.
1	14. FATHER'S NAME FIRST	MIDDLE LAST		5. MOTHER'S MAIDEN P	UNKNO	WN	LA	AST
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADD	RESS		
	NO	TO THAT OR DATES!		GEORGE WA	POOT NOST	W. F	RANKLI	N ST.
	Conditions, if any, which gove rise to immediate couse lot, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [2]	DUE TO, OR AS A COMBEO (c) CONDITIONS CONTRIBUTING TO (19) CONDITION FOR WHIC	O DEATH BUT N		RMINAL DISEASE OR CO	20b. IF Y	ES, WERE FIND	INGS USED
	MA MA				YES TO NOT		TIFYING CAUSE	S OF DEATH?
	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH	19		URRED (ENTER NATURE OF IN	JURY IN ITEM 18	B PART 1 OR PART 2)	- Mangal
	GEOGRAPHIC TO CAUSE OF DE-	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC		ZIF. LOCATION STREET	CITY OR	rown	COUNTY	STATE
	saw the deceased alive or above (1) (we) (did (did no	ital) attended the deceased from 19 26 Jen 2 19 attiview the bady after death	84. pnd		an death occurred on the	date and h	A CONTRACTOR OF THE PARTY OF TH	
	In signature	A Coulter	0	EGREE ATTENDING PHYSICIAN		AFF	The DATE	3/gg
	274 PHYSICIAN'S MAIAE UNITY			Benda	ours Hos	nik	20	
	230. BURIAL, CREMATION, REMOYAL (SPECIFY)	7-7-84 ²³	NAME OF CE	HUDUKI	V BAF	mor	CE COUNTY /	A STATE
	24. FUNERAL DIRECTOR			25a. C	ATE REC'D. BY REGISTRA	R 25b REGI	ISTRAR'S SIGNA	TURE

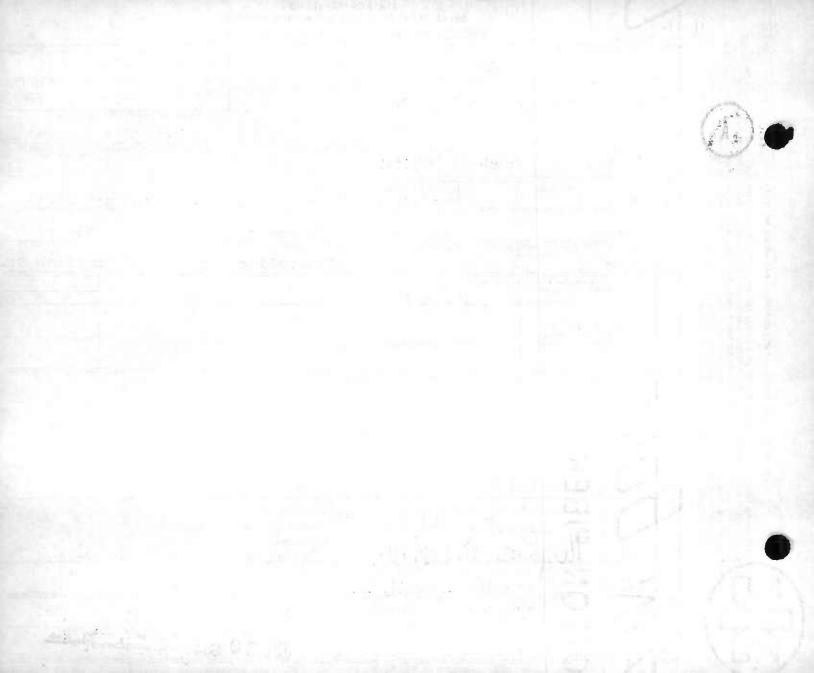
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BP.

1084 Julia Davidson-Bondalle



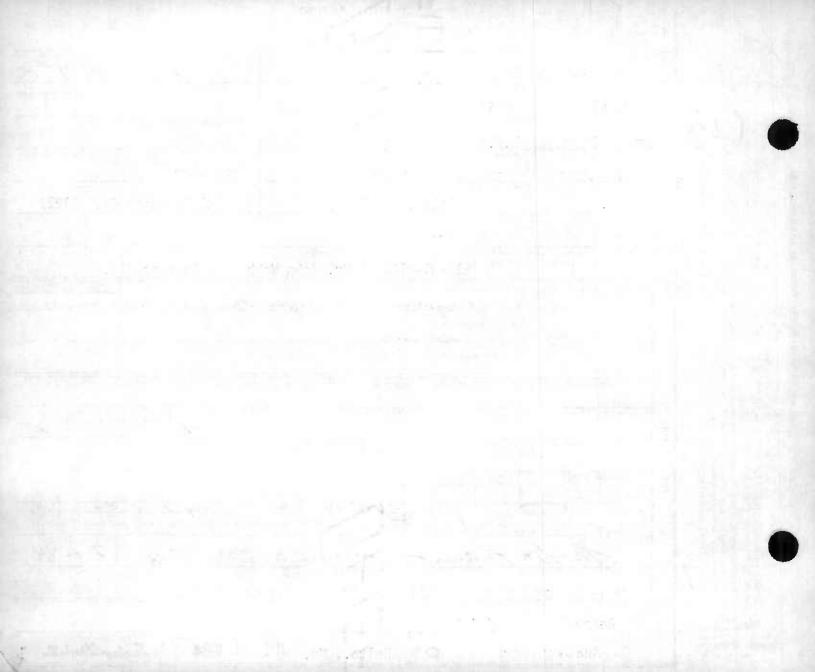
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 24. DATE KNOWN DECEASED NAME MONTH DAY 2b HOUR (TYPE OR PRINT) OF -26-84 CASSANDRA WATSON DEATH MATED D 4 RACE 6. AGE (IN YEARS I 2d HOUR 3. SEX DATE OF BIRTH IF UNDER 1 YR. IE LINDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOLINCED 5PM M 7-26-84 Black 2 28 DEAD Female 50 34 YRS TO BIRTHPLACE (STATE OF L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland U.S.A. WIDOWED DIVORCED 1 IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Provident Hosbital ND 2 SHOULD E USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13a. STATE 13d INSIDECITY LIMITS? Maryland Baltimore 2433 McCulloh St. YES TV 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AAIDDLE FIRST Tillery Wilkins Ernestine Vennard MAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS TRANSIT PERMIT, PAGES I VTAL HYGIENE, DIVISION (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Jacqueline Watson 2433 McCulloh St Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pneumonia AND MENTAL HYGIEN ATION, OR REMOVAL IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost DIVISION OF VITAL RECORDS, PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE OI PRIOR TO BURIAL, (19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES VEV NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Autopsy XX 220 I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my opinion death resulted frag Natural couses Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell.M.D. 111 Penn STreet (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 736 DATE 7/31/84 Westview Mem. Pk. Catonsville, Md ATE BP 250. DATE REC'D. BY REGISTRAR 1356. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Wm C March F/H Inc. 1101 E North Ave 20M 4/82



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. N	O	
١	1. DECEASED NAME FIRSTET.		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 16 HOU	R
ł	CHARLOTTE	WEBER				7-26-012	91
l	3. SEX	4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	24 HRS MIN.
l	Female	White		lu 31. 1911 _	7.2	YRS	
1	76 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	RIED NEVER MARRIED	BÁLTIMORE CITY C	OR COUNTY OF DEATH	
	Maryland	U.S.	A. WIDO	WED DIVORCED [□ BALTIMO		М
À	O CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOM H FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a USUAL OCCUPAT		ESS OF
1	BALTIMORE, CITY		MEMORIAL		Credit De	pt Hutzler'	S
1	USUAL RESIDENCE (IF NURSING HOP)		GIVE RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	
1		timore	Towson	YES NO		Joppa Rd 21204	1
1	14 FATHER'S NAME		LAST	15. MOTHER'S MAIDEN	NAME		
	Jacob	F MIDDLE	Weber	Minnie	S MIDDLE	Class	
1	16a, WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO). 17 INFORMANT	ADDR	ESS	
1	NO NO	INE WAR OR DATES!	214-14-7740	Mrs June	Mockard 561.	2 Enderly Rd 21	121
	18 CAUSE OF DEATH (Enter of	inly one couse per	line for (o), (b), and (c)			APPROXIMATE INTER	VAL
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)		PIRATORY	ARREST	mintes	
	IMMEDIA		R AS A CONSEQUENCE OF				
ı	Conditions, if any, which	DUE TO, O	and ena	and olchyds	even		
	gove rise to immediate cause (a), stating the) DUIS 10 01	R AS A CONSEQUENCE OF				
	underlying cause last		metastatic	ovarian o	arcinoma		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TE	RMIN AL DISEASE OR CON	DITION GIVEN IN PART 110	
	N O						
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED	
1	Ĕ				YES NO	IN CERTIFYING CAUSES OF DEAT	
2	210 ACCIDENT WAS UNDERLYING				URRED (ENTER NATURE OF INJU	IRY IN ITEM 8 PART OR PART 7)	
P	OR COLUMN DIVIDIO COLUMN OF DE	AIR	M. MONTH DAY YEA	9			
	OR CONTRIBUTING CAUSE OF DI OR EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION			
	WHITE NOT WHITE AT WORK	(AT HOME STE	REET FACTORY OFFICE FARM ETC	STREET	CITY OR TO	OUNTY 5	STATE
	220 I certify that (I) (Nois hosp	ottended th	e dereasen moni	ULY 4 19 8	4 10 TULY	26 1984, that (1)	webu:
	sow the deceased alive a above (1) we) (did (did n	They		, and that in (my) (our) opini	on death occurred on the d	ate and have and from the causes sta	oted
	226 SIGNATURE	On New Me body	oner deom.	DEGREE		22c DATE SIGNED	
	Modore	. L. F.	Tames	ATTENDING PHYSICIAN	MEDICAL STA		4
	224 PHYSICIAN'S NAME (TYPE			77e ADDRESS			
	THEODORE	KRAMEI	₹	***********			

MPORTANT IF HE 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY

Parkwood

UNION MEMORIAL HOSPITAL 23d LOCATION

COUNTY STATE

(VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

NAME Leonard J Ruck Inc. Baltimore, Maryland

7/28/84



Con					STATE OF MARYLAND	-	1 0 1 0 7
0	15	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE G S	1919/
-	(1 DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
- 17 "	ŧ		OR PRINT)		1217 -		/ / -
B =)	deo	_	Jane		Websler J	1 125	- () / / / / / / / / / / / / / / / / / /
- 1	ofter death	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST OF	RTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS
Pog	Hours	/	male	while	4 18 55	29	YRS.
8 5	2 6/1	7a. B	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	7? 8 MARRIED ONEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
eoff	d at one		Md.	USA	WIDOWED DIVORCED		CiTY MD.
5 5	d within	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPAT	
a de se		£	alto City	44 4 1	50,12	Programa	
3 .5	3 972	USU	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF		13e STREET ADDRESS	
24 h	bluo (1	0 0	lto. Freela		2/604	Parker R 02/05
5 >		14. F.	THER'S NAME		15. MOTHER'S MAIDEN N	AME	
			Tanes 1	D. Webste	C FIRST	MIDDLE	C / LAST/
ruted v	-	160.	VAS DECEASED EVER IN U.S. A	,~ .	CURITY NO. 17. INFORMANT	ADDR	ESS
exe ood	on popers. Poges emovol. event, Memedica		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		1 0160	0 / 0/ 0/070
	P. P.		no	1211-6	5-25 70 Mary Lou Wet	ester 21604	Parker Rd. 21053
ificote be	vol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b),	and (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
and the	on pop removo event,			ATE CAUSE (0) SEP	515		
Cert				DUE TO, OR AS A CONSEG	HENCE OF		
deoth	nove corb totion, or troumotic		Conditions, if ony, which	(16) 1+0d9			
	remove c remotion, rer froum		gove rise to immediate	(b) 100 g	0170 0.7000		
the the	9 9		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	UENCE OF		20 27 116 10
that by	pleose uriol, cr , or oth			(c)			
quires		N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIVEN IN PART 110
w re	Tion of	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
on Se lo	ws o	层				YES NO	IN CERTIFYING CAUSES OF DEATH?
Th	nsit per ygiene shows	E .	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214 HOW IN ILLEY OCCU		URY IN ITEM 18 PART 1 OR PART 2)
SICIAN: The physicic	5 T 80		OR CONTRIBUTING CAUSE OF D		DAY YEAR	(ENIEK NATURE OF IN)	JAT DE DEM TO FART I OKTART 2]
SICI ng p	d Mentol or frem	N	(IF EITHER, NOTIFY MEDICAL EXAMIN		19		
PHYSIC	d d d	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY	E. FARM, ETC.) 211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
P. off	se as the calth and morked a	~	AT WORK NOT WHILE				' ~
	Health is mort		22a.1 certify that (I) (this has	pital) attended the deceased from	7/8 19 8	9,10 7/	8 , 19 84, that (I) (we) lost
OR ATTENI	for us of He 21 is		sow the deceased alive a	n 7 (8 19	84 ond that in (my) (our) opinion	n death occurred on the c	date and hour and from the causes stated
AT OSP	ched for		above _{st} (I) (we) (did) (did n	not) view the body ofter death.	DEGREE		22t. DATE SIGNED
the h	Dept H Hem		110	1001	ATTENDING	MEDICAL STA	
IA T			Hon M	· Olem, 1	PHYSICIAN	DIRECTOR PHYS	
HOSPITAL	ld be deto		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		301 ST. Paul
	should be de with the Stote		Hlan M	13/gker	Meray Ho	1501/2/ -	Ba 170 Dd. 21201
0 ge 7	43 3	23a.	BURIAL, CREMATION, REMOVA	L 236. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP_			Burial	7-12-84	Moreland Cem	Balta	Balto MH
	5044 4 /80	24. F	JNERAL DIRECTOR	1-16-01	25a DA	ATE REC'D. BY REGISTRA	RISH REGISTRAR'S SIGNATURE
DHMH - 16 (VRA		0	1 M:11-	Inc. 6415 Belain	81 21206 JUI	9 1984	a Dairdon-Andelle
1		LA	ohn willer I	IIC. 1741 DEXOLA	10. 21210		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(TYP	ECEASED NAME FIRST				ST		MONTH DAY	YEAR	No. HOU
		anette		Weig		July 6,	-		
3 SE		4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	MON		HOURS
Separate Sep	Female	White		Nov.	6, 1898	85	YRS.		
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O			
	Maryland	U.S.		WIDOWE					
	Baltimore	5203 G	reenhill	AVE.	R OTHER INSTITUTION	170. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOUSEWIF		176. KIND OF INDUSTRY	BUSINE
USU 130	STATE 13b. COL		Baltime	RE ADMISSION) VN DTC	134 INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS A 5203 Gree		ve. 21	206
14. F	ATHER'S NAME FIRST Unknown	WIDDIE	Penne	r	15 MOTHER'S MAIDEN NA Unknown	AME		EAST	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE	SS		
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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may

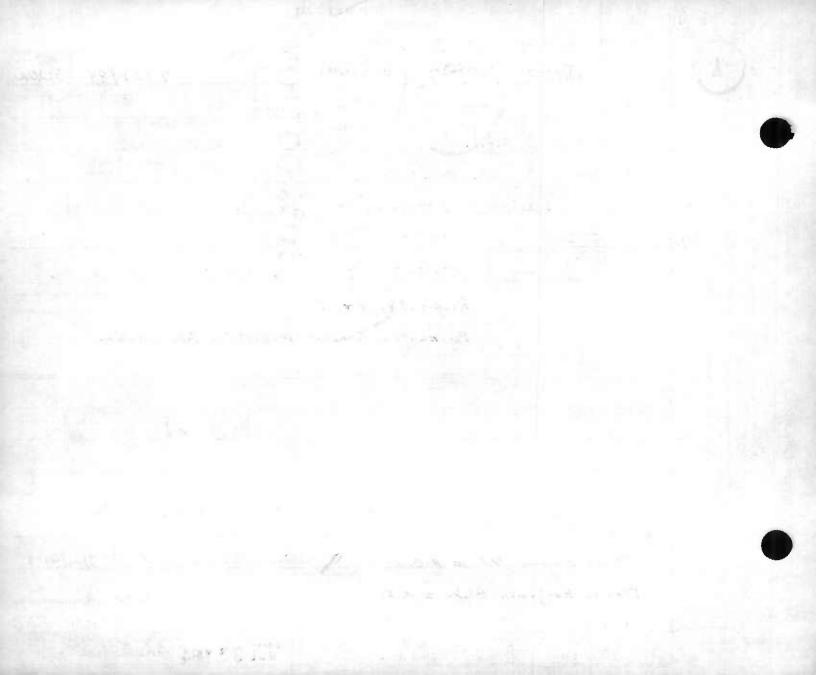
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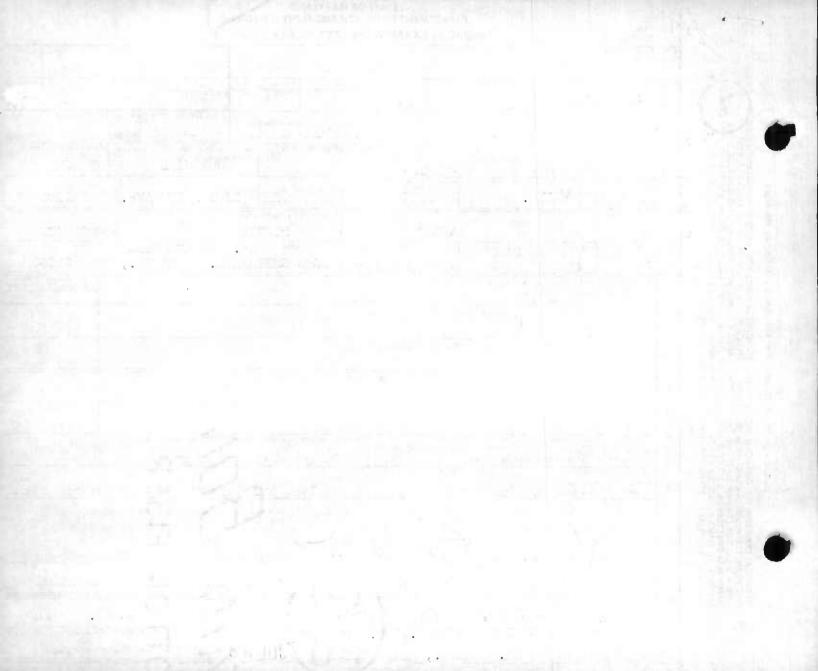
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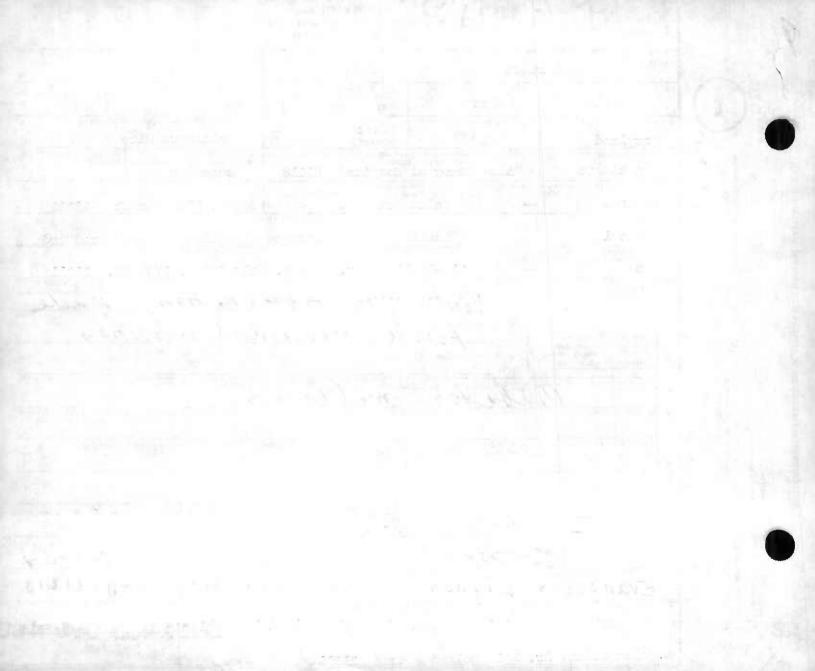
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		MES E	EDWARD	WEi	NKAM	2ª DATE OF DEATH	7/21	1/84	26 HOUR 5:20
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24
_	MALE		HITE		EMBER 20, 191		YRS.		
	SIRTHPLACE (STATE OR FORE COUNTRY) MARYLAND	U.S	OF WHAT COUNTRY	MARRIE		BALTIMOR	E CIT		100
	BALTIMORE	(IF NOT	T. AGNES H	ET ADDRESS)	OR OTHER INSTITUTION AL	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O RETIRED			MORES
ルラし 130.	JAL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER INSTITU	13c. CITY OR TO	ORE ADMISSION)	1136. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	ARYLAND	BALTIMOR	E CATONS	VILLE	YES NO X	1424 HARBE	RSON F	ROAD 2	1228
	ATHER'S NAME FIRST WILLIA		WEINKA	M	15. MOTHER'S MAIDEN N. FIRST SOPHI	MIDDLE	HAUCK	LAS	ī
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORC		CURITY NO.	17 INFORMANT	ADDRE	SS		
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IFICATION	gove rise to immed couse (a), stating underlying cause	hich inte the dost CANT CONDITION	o, or as a consequence of the co	UENCE OF UENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH
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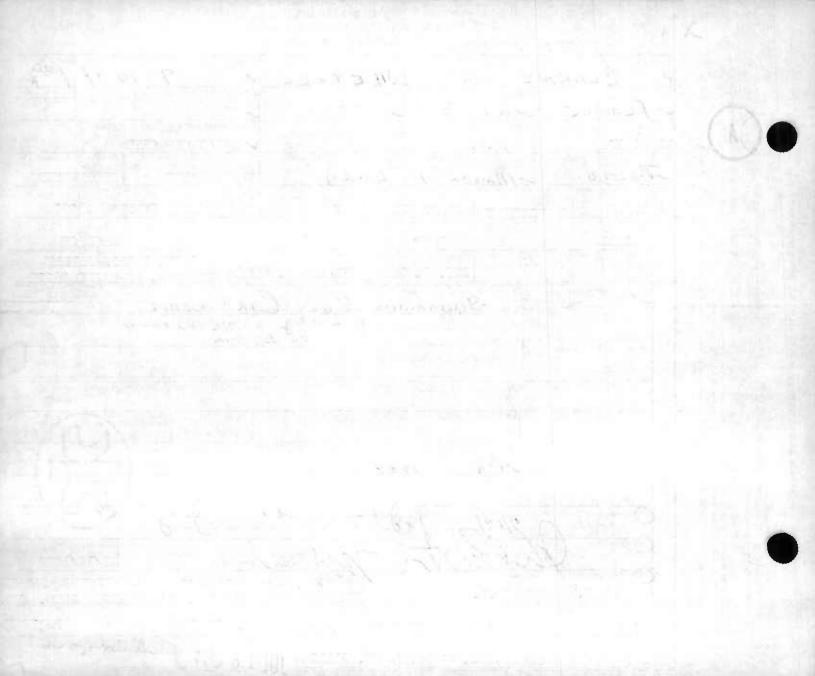
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	I DE	CEASED NAME	FIRST	,	WIDDLE	L	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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0 0 0	3 SE)	(ACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
s off	1	Female		Black		3	6	51	33 YF		HOURS MIN.
Poor Poor	7a. BI	RTHPLACE (STATE OR FOR			WHAT COUNTRY?	8	D NEVERA	4 A D D T T T T T T T T T T T T T T T T T	9 BALTIMORE CITY OR COU		
nerol in 72		MD		T	JSA	WIDOWE		ORCED [Baltimore C	ity	MD
executed within 24 hours ofter a sand completely filled in by the funders I lond 2 should be filed with edical exactings maybe halftige.	10 CI	TY OR TOWN OF DEATH	11.	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET JOHNS H	ADDRESS]			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
4 hours	USU	AL RESIDENCE (IF NURSING	HOME OR OTH	ER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE C		317 S. Herr	ODE CIT	21221
in 2, hould		MD			Baltim	ore	YES 🔀			ing Ct.	21231
d 2 s	14. FA	THER'S NAME	MIDD		LAST			FIRST	ME	TT - 4	mes
omp Tong	14 1	Melvin VAS DECEASED EVER IN	111 5 ABAIS		heeltor		An 17 INFORMA	nette	ADDRESS	HOT	mes
n and c			(IF YES, GIVE WA		166 SOCIAL SECT	JRIIY NO.			lson 339 Ilc	hester	St.
5 me m		18 CAUSE OF DEATH	Enter only o	ne couse per	line for 🐴), (b), or	id (c).)	1	1.1			XIMATE INTERVAL LONSET AND DEATH
the second secon		PART 1. DEATH WAS	AMEDIATE C		Kes	pira	bry	Taily	re	20	minutes
arrending or carb	rys -	Canditions, if ony, v	vhich (DUE TO, O	R AS A CONSEQU	ENCE OF	ctue	Pen'	can ditis	17	week
of the state of th		gave rise to immer cause (a), stating	diote	DUE TO, O	RASA CONSEQU		arge	Cell (Un diff. Lung C	A >	3 mo
00 40 0	1	PART 2 OTHER SIGNIE	ICANT CON	IDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOTRELATED	TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	1a
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has be has be to permit to permit to permit ows on	CERTIFICATION	7/13 7/	14	32	whs ba	OPERATIO	Peyca	rmed deal	YES NO 4	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH? NO [
Phi fire of Hy		21d. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER MATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	D	21e PLACE			211 LOCATIO	ON	(ITY OR TOWN	COUNTY	STATE
or African		22a certify that (I) (t saw the deceased above (ii) we (id)				74.0	10 nd that in (hy)	(aur) apinion	death accurred on the date and	have and from the	the (i) we) lost
R ATTEN hospitol hed for u		22b. SIGNATURE	(did not) vi	ew (he body	ofter death.	,	DEGREE				ESIGNED
TAL OF the Ny the detoch detoch tate Dill		Victor	Al	Mari	WA-V	ega	NU	TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/	584
TO HOSPITAL OR econned by the he TO FUNERAL DIRE should be detoche with the Store Dep		Victor	A. N	larci	al-Veg	h	840	5 ho	rth wolfest	, Balt,	46,212
⊢ \$ 1	23a 8	BURIAL, CREMATION, RE	MOVAL 2	7/19/			emetery or o		Baltimore	COUNTY	STATE
BP		JNERAL DIRECTOR		1/13/	04	nt. P	.ubul II				MD
DHMH - 16 50M 4/B3		NAME		4	ADDRESS		1 -		E REC'D. BY REGISTRAR 25b. RE	Davidson-	Handell
(VRA 15, 4)	-	Wm. C. Ma	rch F	'/H	1101 E.	Nort	h Aye	. 44		7	*



WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

(VRA 15, 4)



1 -	- STATE REGISTRAR			DEI		FICATE OF DEAT		REG.	NO.	1 6.	0 3
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
		JEAN			l	UHITE			7 31	84	8:10 AM
3. SE		4	RACE		5 DATE	OF BIRTH		6. AGE LINYEARS LAST		NTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	FEMALE	Sec. 1	WHITE		3	15 13	322	62	YRS.	MAINS DATS	HOURS MIN.
1	RTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF		MARRI WIDOW	ED NEVER MARRI	ED 📙	9 BALTIMORE CITY BALTIM	OR COUNTY O		MD.
	BALTIMORE	ATH 1	TIF NOT IN SU	CH FACILITY, GIVE	URSING HOME ESTREET ADDRESS) ARITAN H	OR OTHER INSTITUTION		12a USUAL OCCUPA (TYPE OF WORK FOR MOS HOUSEW)	TION TOF WORKING LIFE)	126. KIND O INDUSTRY	HOME
USU	AL RESIDENCE (IF NUR	N35 COUNT	HER INSTITUTION		E BEFORE ADMISSION		AITS2	13e STREET ADDRESS	A Dr	Г. А	
	MARYLAND		MORE		EYSVILLE			10317 MA	9		1030
	ATHER'S NAME FIRST JOSEP	MI	DOLE	KLITC	ST	15. MOTHER'S MAIL FIRST	SSIE			IROVER	51
16a \	WAS DECEASED EVER		D FORCES?		L SECURITY NO.	17 INFORMANT		LICK FUNE			
	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)		6-4714	1700 CONF		. AVE. B			1230
ATION	Conditions, if ony gove rise to improve fise to improve followed for the course followed for the course followed for the course for the cours	mediate ng the lost.	DUE TO, O (c) NDITIONS C	ONTRIBUTIN	SEOUENCE OF	T ME CAY	HE TERMIN		20b IF YES,	N IN PART 110	NGS USED
IFIC								YES NO	IN CERTIFYI	NG CAUSES	OF DEATH?
MEDICAL CERTIFICATION	210 ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	Р.	M. MONTI	H DAY YEAR		OCCURRE	D (ENTER NATURE OF IN		T I OR PART 2)	NO L
MED	216 INJURY OCCUR	HILE T	21s PLACE (AT HOME, ST		OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
	220 I certify that (I) sow the decease obove, (I) (was (i) 22b. SIGNATURE TOP 27d. PHYSICIAN'S N. ROSIT	ed olive on did) (dd ad)	7-30 view the body	2	19 84	DEGREE ATTENI PHYSI 22e ADDRESS	DING CIAN []		AFF	7-3	
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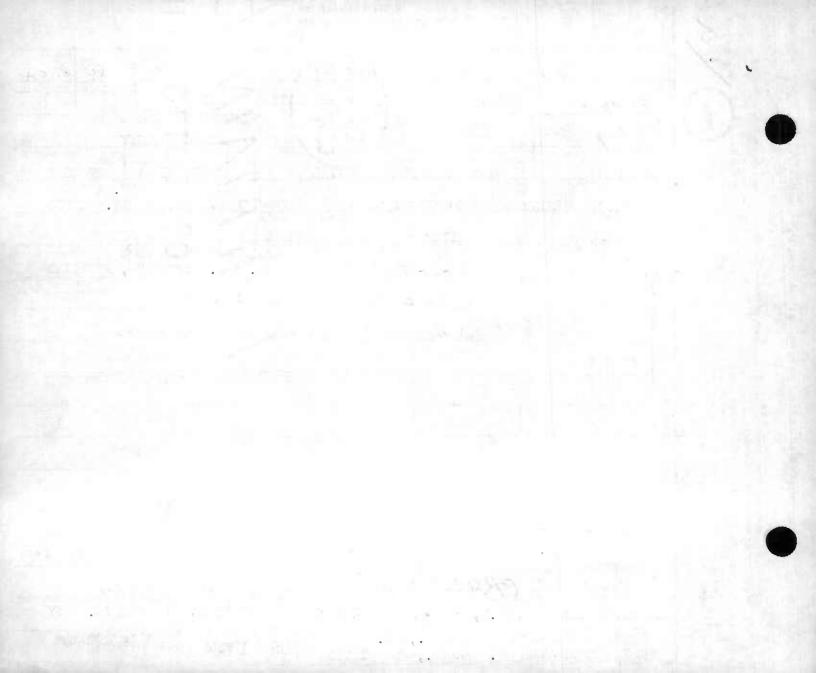
DHMH - 16 50M 1/B1 (VRA 15, 4)

SOL LEVINSON & BROS., INC. BALTO., MD 6010 REISTERSTOWN RD.

21215

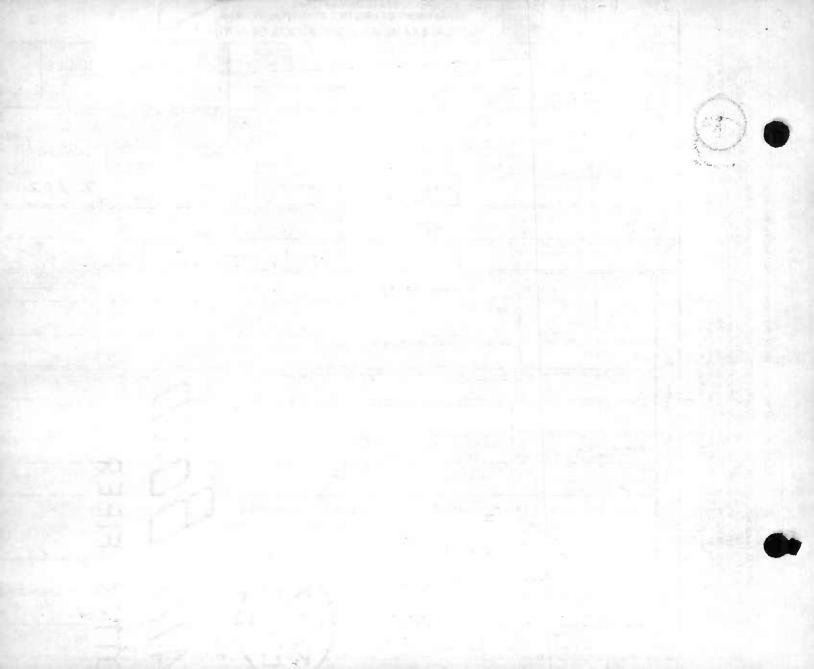
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		Wilmen				hite			EATH MAT	ED &		20 19 84	
3. SE	MALE	BLACK	5. DATE OF BIRTH	48 36	(IN YEARS IF UN BIRTHDAY) MONTI YRS.		HOURS 1		DATE DEAD DEAD	WC		21 ₁₉ 84	10.2
	ASH	D.C.	76. CITIZEN OF WH	AT COUNTRY?	8 MARRI WIDOW	IED NEV	ER MARRIE DIVORCEI	DXX	Balt	imore			M
0 C	Baltim		11. NAME OF HOSP (IF NOT IN SUCH FACE 1326	TITAL, NURSING HITY, GIVE STREET ADE	RESS]	ier institut	ION		OCCUPATIO OF WORKING LI		WORK 121	OR INDUS	USINESS TRY
	STATE MD.	(IF IN NURSING HOME OR 13b COUNT		13c. BTX OR TO	DMISSION] WN	13d. INSIDE CIT YES 🕡	Y LIMITS2 NO 🔲	13e. STREET		שדוווע	ТР	212	02
	AMES	F	MIDDLE	WH I'TE		15. MOTHER	ŘΥ	NAME	WIDDLE			LAST	
16a. \	WAS DECEASE YES, NO, OR UNKNO	D EVER-IN U.S. ARM DWNI (# YES, GIVE W	ED FORCES? PAR OR DATES	16b. SOCIAL SE	URITY NO.	MARY		НІТЕ		DUK	ELA	ND ST	1
	18 CAUSE C	DF DEATH (Enter only EATH WAS CAUSED IMMEDIATE	BY: Pa	or (a), (b), ond (c			D.C.					APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	gove ri cause (a lying cou	ins, if any, which ise to immediate stating the <u>under-use lost</u> .	(b) DUE TO, OR A	AS A CONSEQUE AS A CONSEQUE	NCE OF	E OR CONDITION	GIVEN IN PART	1 (a).					
CERTIFICATION	190 DATE OF	FOPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORM	MED?		-8	T		20 AUTOPS	/? NO 🗆
ALCERT	210 EXTERNA UNDERLYING	AL CAUSE WAS GOR ING CAUSE OF D		MONTH DAY	YEAR 21c Ho	OW INJURY (OCCURRED	LENTER NATU	IRE OF INJURY IN	ITEM 18 PART	T OR PART 2		NOL
MEDICAL	21d INJURY O		21e PLACE O		ME. 211 LO	CATION		CI	TY OR TOWN		COUNT	ſΥ	STATE
		ily that I taak chorge	of the sentoms desc	ribed above, held	on Jutop	Sy X , Homici			nquiry	ond in	ту оріпі	ion	
2/	ACTUAL SIGNATURE EXAMINER'S	NAME TING	omas D. Sr	nith M	my.	Deput	y Chi		LEXAMINER St. B		DATE SIGNED.	7/	22/84
22.1	TYPE OR PRI					ADDRESS_		123d. LOCA		arco.	1110.		
230.6	(SPECIFY)	ATTON	7/2/1/9/1	WEST	TEW CE		K f	RAI		MD	COUNTY		STATE
74-	EUNERAL DIREC	ATION NVETT	4600 °1°1°1		TS. AV	2	So. DATE RE		GISTRAR 25	REGISTR	AR'S SIG	NATURE	

20M 4/B2



	1 -	STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG. NO	1 7 2 0 7
		CEASED NAME FIRST OR PRINT GENE VIE	VE A	WIE	GEL	20. DATE OF DEATH	7-18-84 11-50 A
	3. SEX	Female	4. RACE White	S. DATE C	DF BIRTH DAY YEAR OF 10	6 AGE, (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIE WIDOWE	arms.	9. BALTIMORE CITY O	ME GTY MI
	10 B1	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT INJUCH FACILITY, GIVESTRE	MORIT	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	F WORKING LIFE) INDUSTRY
2	13a. S	aryland		NWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 5626 Bela	ir Road 21206
3		William	MIDDLE Brane		15. MOTHER'S MAIDEN NA	MIDDLE	Taylor
	160 W	(AS DECEASED EVER IN U.S. ARI ES NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 219-10	~5015	Joseph E. W	iegel, Sr.	626 Belair Road
		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), D BY: E CAUSE (a)	ESC!	VE HEART	PANILULE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF	LEROTIC CAN		
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO			200 AUTOPSY? YES NO	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
	MEDICAL CER	710. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART 1 OR PART 2)
	MED	WHILE NOT WHILE AT WORK	11e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	CITY OR 10	WN COUNTY STATE
		saw the deceased alive an above, (1) (we) (did) (and na	tal) attended the deceased from	By. 01		death accurred on the do	, 19 that (I) (we) las
	150	1216 SIGNATURE		/	ATTENDING PHYSICIAN [MEDICAL STAI	
		LUNBUALS NAME TIVAS	J-KEBOY		GOI LOCAR	Good James	dition flognith
1	23a B	URIAL, CREMATION, REMOVAL Burial	July 21,1984		emetery or Crematory ore Cemetery	23d. LOCATION CITY OF TOWN Baltimos	re, Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

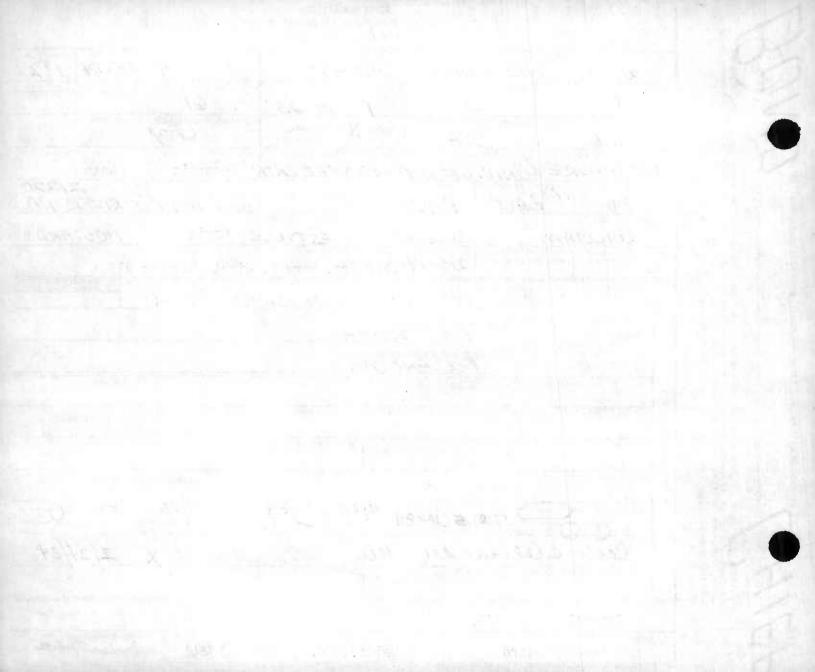
BP.

MPORTANT: H Hem 2

24 FUNERAL DIRECTOR
NAME
Leonard J. Ruck, Inc. Baltimore, Md.

JUL 20 1984 Julia Savidson-Randalla

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Part Parts - T			344 Se 30
		Line	9 [16.9
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loweri'e	50° 50° 54	er my de til	CHE MARKE TO
5626 Delair Wood 21206	T.	Baltimore	Maryland
10 (18)	sunt.	diment.	noif'i
		-V- 74	
Libore, 18.	739,0000 538	nlv 21,149) kaltina	Burial
1.20 984		inc. Baltimore, 'ld.	Leonard J. Buck, 1



and 2 should be filed

2	1.	FOR STATE		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL		8 4	- 1	9	2	0	9
		REGISTRAR	-0			ICATE OF DEATH		REG. N					
1		CEASED NAME FIRST		MIDDLE	L	AST	20.1	DATE OF DEATH	HINOM	DAY	YEAR	26 HOU	JR
1		GLAT	Y_S	V.	w,	1DER			7	14	84	8	PM
1	3. 583	X	4 RACE		5. DATE C			GE (IN YEARS LAST BH	RTHDAY)	MONTHS	RIYEAR	IF UNDER	R 24 HR5 MIN.
	7	emale	BIA	V	10	15 2	17	60	YRS		-		
\$ 22		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. B	ALTIMORE CITY	R COUN	TY OF DE	ATH		
13		Maryland	U.	S. A.	WIDOWE			Balte	mor	OC	ity		MD.
821	10 C	ITY OR TOWN OF DEATH				R OTHER INSTITUTION		USUAL OCCUPAT		12b.	KIND O	Pape	OR.
500	B	altimore	mT.	CHFACILITY, GIVE STREET	1	leing Hon	T	nspector	OF WORKING			acto	ry
8 1	U5U.	AL RESIDENCE (IF NURSING HOA	NE OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMIT	TS? 13e.5	STREET ADDRESS	/ ZIP CO	DE 234	6 La	uret	ta
2	M	Maryland		Baltimo:		YES 📉 NO	A	ve. Balt	imore	, Md	. 2	21223	3
到	14. F.A	ATHER'S NAME FIRST Harry	MIDDLE	Smith		15 MOTHER'S MAIDE	NAME	WIDDIE			LAST	r	
9 /		VAS DECEASED EVER IN U.S		166 SOCIAL SECU	URITY NO.	17 INFORMANT		2346	Laur	etta	Ave	mue	
med	1	YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	212-26-	2402	Leatrice S	. Ban	THE WAST IN	-				1222
her traumatic event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	IR AS A CONSEQUER AS	ie.	Cosperatory	y ed	rest. 9 applas	ia		etween c	MATE INTEL	Lets.
ar oth			(c)							1			
injury,	NO	PART 2. OTHER SIGNIFICA	nt conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT		ETERMINAL	DISEASE OR CON	ADITION G	SIVEN IN	PART III	,	
Auo smo	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		es NO	IN CER	ES, WER			TH?
em 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A	OF INJURY ,M. MONTH D .M.	AY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 1	9 PART I OF	PART 2]		
± /	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR 18	OWN	co	YINUC		STATE
rked	Z	WHILE NOT WHILE AT WORK	(AI HOME, SI	REET, FACTORY, OFFICE,	FARM, ETC.)	JIRCE.		2		- 0			
21 is ma		220.1 certify that (I) (this h saw the deceased aliv- above, (I) (we) (did) (di	on July	14 1	84. or	nd that in (my) (our) op	oinion death	to Guly	lote and h		rom the		
AT: If Hem		27b. SIGNATURE	el Lei	m	n		ING M	EDICAL STA		2:	7/1	SIGNED 4/8	4
PORTANI		MANUEL	LEUIN	M.O		6 101 PAK	ex H	STS AUE	BAI	40	40	2/2	215

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

TO HOSPITAL OR ATTENDING PHYSICIAN: The

7/20/1984 24 Nutter & Sons 2501 Gwynns Falls Parkway

236 DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Arbutus Memorial Park

23d LOCATION
CITY OR TOWN

Baltimore County, Maryland BY REGISTRAR 200 REGISTRAR'S SIGNATURE

Funeral Home Inc. Baltimore, Maryland 21216

Yalka sa city		41 .C .U	n fere
Inswetcr bor Factory			enomin's
.vo. Ballicore, i.d. 21223	*	Piltimore	Hervland
	ebl	Smith	Нагку
23.5 In ret vonce Enke Enlinore, Kryline 2122	Lestrice 5.	212-25-2402	•01

Burs 1 //B/1898 Trustum Meterial Sark Balticore County Maryland Mutter S. Sons 2501 Guinne Falls Farsing.

STATE

REGISTRAR

2427 ALMA ROAD, 21227 LAST LUDWIG 2427 ALMA ROAD, 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cerotic Cardio Vas PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED MARYLAND A.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND A CONTROL OF THE PROPERTY OF THE PR 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER I YEAR

INDUSTRY

2b HOUR

17h KIND OF BUSINESS OR

PAINT CO.

AS LINDER 2 1 MRS



				STATE OF MARY	LAND			-3 1
	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AN CERTIFICATE OF		REG. NO) 9	2
		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
	{ I A PE	ORPRINI) THEODS	ee	Unile	NS		7 13	84 8:37
	3. SE		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		
00		Male	Black	MONTH DAY	30	54	YRS.	DAYS HOURS M
of Dec	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED L NEVE	R MARRIED DIVORCED	Balto. C		ATH
Monting		Balto.	11. NAME OF HOSPITAL, NURS (HE NOT IN SUCH FACILITY, GIVE STRE Provident Ho	SP.	ISTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O	ON 12b.	KIND OF BUSINESS USTRY
30	USU.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		WN 1134 INSIDE	CITY LIMITS?	13e.STREET ADDRESS /		St. 21217
examine	14. F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHE	R'S MAIDEN NAM	ME MIDDLE		LAST
medicol	16a V	VAS DECEASED EVER IN U.S. AF (ES. NO OR UNKNOWN) (IF YES, GE UNKN.	RMED FORCES? NE WAR OR DATES] 911-23-		TNAM	ADDRE	SS	
c event, the			nly one cause per line for (a), (b), (ED BY). ITE CAUSE (a)		50 RY	APRIT	_8	APPROXIMATE INTERVA ETWEEN ONSET AND DE
injury, ar other troumatic	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	UENCE OF	DIO RUI PAKNO ED TO THE TERMI	w	DITION GIVEN IN F	PART 110
à Ca	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PER	FORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	PART 2)
- i	MEDICAL	216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCA	TION	CITY OR TO	wn co	UNIY STAT
73	_			1	- 01	1.4 .	12 25 19 8	1 that (1) (we
Dept. of Health and Hem 21 is marked o		saw the deceased alive obave (1) (we) (did) (did no 22b. SIGNATURE	orbital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	ote and hour and fr	
spt. of Health ond tem 21 is marked o		sow the deceosed alive obove (D) (we) (did) (did no 22b. SIGNATURS	of Diew the body offer death. Tanda un OR PRINT) AND A, MI	Py, and that in (n	ATTENDING PHYSICIAN ARESS	MEDICAL STAI	ote and hour and fi	rom the couses state

STATE OF MARYLAND

iii and the iii:				
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at Means		Linor elect	5,002	المتبلك الرابيا
, fallopals access at a				
Front 20 caffers			angun	40,00
. DE CENTRAL CORA HOSE	Mills mivie			Way to day
		21		

/		11			STATE OF MARYLAND		
5	24	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		19213
(B			EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
: 7	0	TITPE	Edna	NMI	Williams		7 16 84 7:40am
4 то	D	3 SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER TYEAR IF UNDER 24 HRS
ge 4			Female	Negr	0 01 -31 -0	18	YRS
of the Policy	once.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIE	9 BALTIMORE CITY OF	
deor	0		AV	U.S. A.	WIDOWED DIVORCE	140 441	
rs ofter	notified	10. CI	Baltimore	South Buting	ISING HOME OR OTHER INSTITUTION REPADENCES HOME GENERAL HO	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
ND 212	97/	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE		ITS? 13e.STREET ADDRESS /	ZIP CODE
YLA irhin irhin	SAL	14. FA	THER'S NAME		15 MOTHER'S MAID	EN NAME MIDDLE	
MAR w bad w	oug Colo		Samuel	Cart.	er Tren		Mason
RE,	nedicol ((AS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRE:	1 31 DIA VINCA
De es	E L		No -	- 217-03	3-9/43 Chart	Louis W	Bolto. Inderes
d ST., BAL	novol.		PART I. DEATH WAS CAUSE		a Profession of Co	torrel	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST	or centric ev		IMMEDIA	TE CAUSE (o) CR AS A SONICE	O THE TOTAL OF	CO 425/1	
deoth	otion, or t		Conditions, if any, which	DUE TO, OR AS A CONSE	Graenic Short	n	
Thot the d	Cremot cother tro		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF A	tini	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherwing physician.	nen pled to burial njury, or	N O	6 0 11	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONC	ITION GIVEN IN PART 110
W y	and and and	ATIO	190 DATE OF OPERATION	2000	ICH OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
he lo on. hos		CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
VIT N. TI	riol-fronsit per entol Hygiene frem 18 shows	S. S.	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW INJURY C	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)
OF ICIA 9 pt	Mentol Hygin hem 18 sh	CAL	OR CONTRIBUTING CAUSE OF DE	AIII	19		
SION OF PHYSICIA ending pl	ة > مَ	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE. FARM. ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
NG NG	os the th ond orked		AT WORK AT WORK				
00	E S		22a.1 certify that (1) (this hosp	ital) attended the deceased fro	Coli		16-, 19 84 L, that (I) (we) lost
R ATTEN hospitol	2 pt of a 2 pt o		sow the discount alive obove 10 40 (001) (101) had	ot new the body after shafts.	DEGREE	pinion death occurred on the do	te and hour and from the couses stated
0 0 0	ote Dep		Mah. KI	such h	ATTEND	ING _ MEDICAL _ STAF	F - 7 11 8U
HOSPITAL ned by #	of the Stote CORTANT: If		22d PHYSICIAN'S NAME LITTLE	mummy	22e ADDRESS	IAN DIRECTOR PHYSIC	1716-0 L
O HOSE	with the Store Dept.		0	0			
0 g 0 -	MA O	23u. 8	LIBIAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF CEMETERY OR CREMA	TORY 234 LOCATION	
BP		1	Surial	7-19-84	Crestlain	Ellis 1	Tate Howard Mr
DHMH - 16 5	OM 4/82	11/2	INERAL DIRECTOR		2	SO DATE REC'D. BY REGISTRAR	SU REGISTRAR'S SIGNATURE
OHMH - 16 5		1/7	reducell B	Oloni - ADDRE	5-07- Max	Jin 1 7 1984	a Davidson-Randell



stor, page 3

STATE OF MARYLAND

DEPARTMEN

RTIFICATE OF DEATH	REG. N	0.	9	4	4
LLTAMS	20 DATE OF DEATH		3 8°	4 2:	23 P
DATE OF BIRTH MONTH DAY OF 25 02	6 AGE LIN YEARS LAST BIR		IF UNDER 1 YE		FR 24 HRS
ARRIED NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY			MD.
OME OR OTHER INSTITUTION (SS) SINAL	120 USUAL OCCUPAT			D OF BUSIN	JESS OR
13d INSIDE CITY LIMITS? YES XX NO		ZIP CODE	LVED	ERE	VE
MARTHA	MIDDIE			LAST 2	1215
351 DR. LOGAN	KEARSE 20		AUNC'	y RD	
TORY ARRES	7			POXIMATE INT EN ONSET AN	
OF					
OF) min	
H BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PAR	l l(a	
RATION WAS PERFORMED SCULAR DISEASE	200 AUTOPSY?		WERE FIN		
YEAR		RY IN ITEM 18	PART I OR PART	21	
211 LOCATION STREET	CITY OR TO)WN	COUNTY		STATE
, and that in (my) (our) opinion	deoth occurred on the d			, that (l) the couses s	_
DEGREE	MEDICAL STA		22c D	ATE SIGNED	6-11

FOR - STATE CI REGISTRAR I. DECEASED NAME

EULTALEE

NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE

CITY OR TOWN OF DEATH BALTIMORE

I STATE OF FOREIGN

JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMI 36. STATE: 136. COUNTY 136. CITY OR TOWN

76. CITIZEN OF WHAT COUNTRY?

131. CITY OR TOWN

WI

4. FATHER'S NAME ALBERT

NO OR UNKNOWN)

Md.

(TYPE OR PRINT)

BIRTHPLACE

BALTO.

3. SEX

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

(IF YES, GIVE WAR OR DATES)

DENNIS 16b. SOCIAL SECURITY

18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to

IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE

EITURE

DUE TO, OR AS A CONSEQUENCE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT

210. ACCIDENT WAS UNDERLYING

Conditions, if any, which gove rise to immediate couse (a), stating

underlying couse

PART I. DEATH WAS CAUSED BY

lost.

21b. TIME OF INJURY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY

HOUR A.M. MONTH DAY

AI WORK 220.1 certify that (1) (this haspital) attended the deceased from

236 BURIAL, CREMATION, REMOVAL

21d. INJURY OCCURRED

(AT HOME, STREET, FACTORY, OFFICE, FARM,

27d. PHYSICIAN'S NAME (TYPE OR PRINT

NOT WHILE

PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

Hem. 18

morkedor

If Item

236. DATE

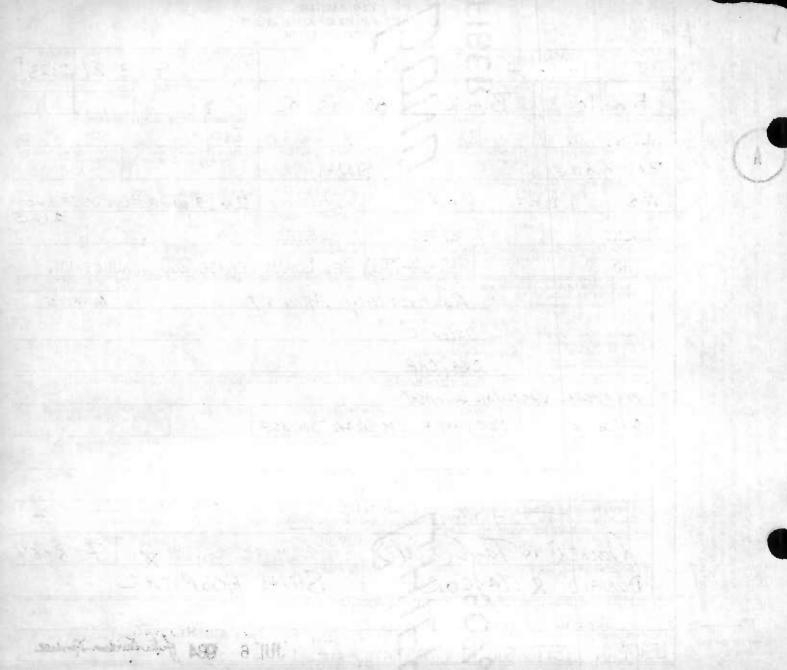
JUL 6 1984

DIRECTOR

COUNTY

STATE

23d LOCATION CITY OF TOWN



medicol

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1500	REGISTRAR				CERTIF	ICATE OF D	EAIN		REG. NO).			
1. DEC	CEASED NAME OR PRINTI	Franc		MIDDLE	Will:	AST		20. DATE OF		184	DAY YEAR	2b. H	P
3. SEX		rran	4. RACE	R.	5. DATE C			AGE INY	EARS LAST BIRT	HDAYI	IF UNDER TYFA	R IF UN	DER 24 HRS
3. SEA	Male		Cauc		Nov		1906			YRS.	MONTHS DAY	HOUR	S MIN.
BIR	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER A	A PRIED	9 BALTIMO	RE CITY O	R COUNT	Y OF DEATH		
B	altimore		US.	Δ	WIDOWE		ORCED [Bal	Ltimor	-0	City	/	MD
	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL	OCCUPATE	NC	12b. KIND	OF BUS	INESS OR
Pa	1+imoro C	: + /		Mamaria 1		1		(TYPE OF WOR		F WORKING LI	REC.	Ea	uip.
	Itimore, C.			Memorial GIVE RESIDENCE BEFORE		oitai			MEG				, md
13a S		I JALEQUI		Ruxton		13d. INSIDE C	NO 🗌		Malv		Ave.		
1	THER'S NAME Robert	L	MIDDLE — •	William	s		MAIDEN NAMEDE CO		WIDDIE			tkin	
	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMA	NT		ADDRE	1300	Malve	nn	AVA
	es USA	(IR AE2' QL	VE WAR OR DATES)	212-01-8	3162	Caro	ine G	. Will	iams	Ru	xton,	Ma	2120
	18. CAUSE OF DEAT	TH (Enter of	nly one couse per	line for (a), (b), and	d (cs.)	0	-+				BETWEE	N ONSET	NTERVAL AND DEATH
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ERT	210. ACCIDENT WAS UN		21b. TIME C	100	176	121r HOW IN			- 6		PART I OR PART 2:	_	
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MEDICAL	21d INJURY OCCUR	HILE [21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATIO)N		CITY OR TO	WN	COUNTY		STATE
	220 I certify that (I		0		ano.	19	19.84	10_0	ulyT	9	19_84_		I) (we) los
	sow the decea	sed olive or	view the body	ofter death.	91.0	nd that in (my)	(our) opinion	death occurre	d on the de	ote and ho	ur and from th	ne couse:	stoted
	226 SIGNATURE	-	na	\	_		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAI		- 22c. DA	E SIGNI	BY
1	22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)	P		22e. ADDRES							
	Glen	N	edde	r5		Un	ion Mem			tal			
	URIAL, CREMATION					EMETERY OR		23d LOC	OR TOWN	imar	COUNTY	Mo	STATE
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	enry W.	. lenki	ins &Sou			-	25e DAT	II 23	1984	256. JEGIS	TRAB'S SIGN.	ATURE	200

DHMH - 16 50M 4/83 (VRA 15, 4)

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	NSTE			White	Feb. 9,1	YEAR	LAST BIRTHDA	Y) MON		HOURS		DEAD	7	_	- 04	3:45
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111	SNE SNE		ITY OR TOWN O		11. NAME OF HOS						1 4	Baltimo OCCUPATION	TE CIT	112h KI	ND OF BU	MD.
	PAGE PAGE SEFILE		Baltimo		Univers	ity H	ospita	1		_	FOR MOST	of working life)	0	dus ti	Y
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD, 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. FOR YOUR TO FUNERAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOUR DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WILL RECORDS, 201 W-REGION STREET BALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL.	13a. S	AL RESIDENCE (STATE Aryland	13b COUI HOW	NTY	13c. CITY	BEFORE ADMISSIO OR TOWN ridge	14)	YES T	Y LIMITS?	13. STREET 6620	ADDRESS Washin	gton E	Blvd.	(212	227)
	MD,	14, F	ATHER'S NAME		WIDDLE		AST		15. MOTHER	R'S MAIDE	NAME	WIDDLE			LAST	
	AN PA		George		-	Willi	ams		He	len		-		unk	nown	
	IMO PAGORA ONO ONO	160.	WAS DECEASED	EVER IN U.S. AI	RMED FORCES?		IAL SECURITY		17. INFORM.			ADD	RE 7904	Omeg	a Ct.	
	BALTIMORE, S. AFTER DEA: GIVE PAGES ITH FORM P. PAGES I ANI IVISION OF		es		W.II	215-	10-616	6	Edwin	Janu	szkiev	vicz/ K	ingsvi	lle,	Md.2]	1087
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	(VR A15 ME (5)) 20M 4/82	I	illy &	Zeiler	Inc. 700 S	. Con	kling	St./	21224	JUL	5 13	100	· Devidoo	n-Ma	Kutuc	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

APPROXIMATE INTERVAL Merros decetes Cardio Vas. Keral Disease 2000 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY CITY OR TOWN STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE/SIGNEL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CITY OR TOWN STATE Security Process Inc. Baltimore Md. 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2501 Gwynns Falls who Devidson Handage Pkwy., Balto. Md.

REG. NO

MONTH

2b. HOUR

4:30

17h KIND OF BUSINESS OR

Williams

IF UNDER 24 HRS

Family

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IF UNDER I YEAR

INDUSTRY

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DHMH-16 30M 2/80 (VRA 15, 4)

Nutter and Sons

Funeral Home, Inc.

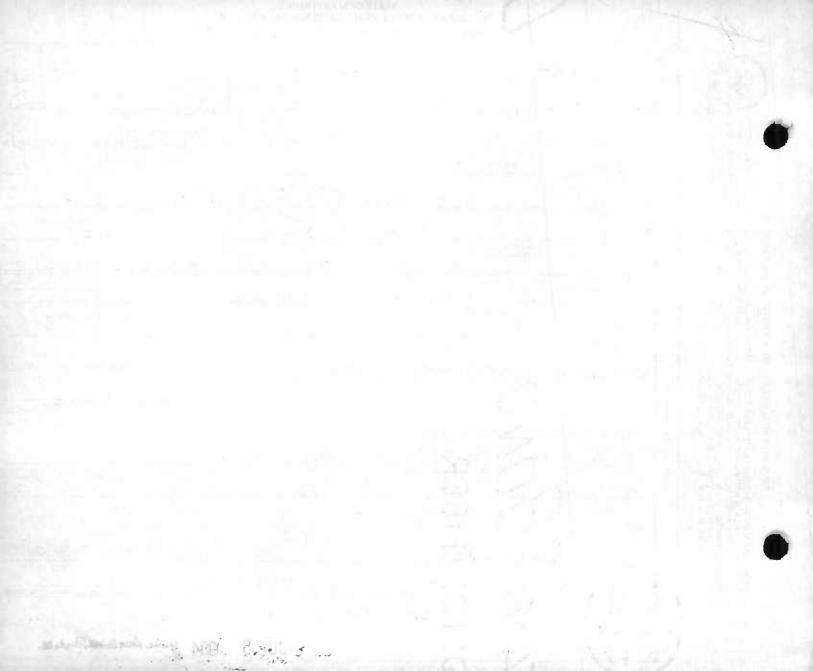
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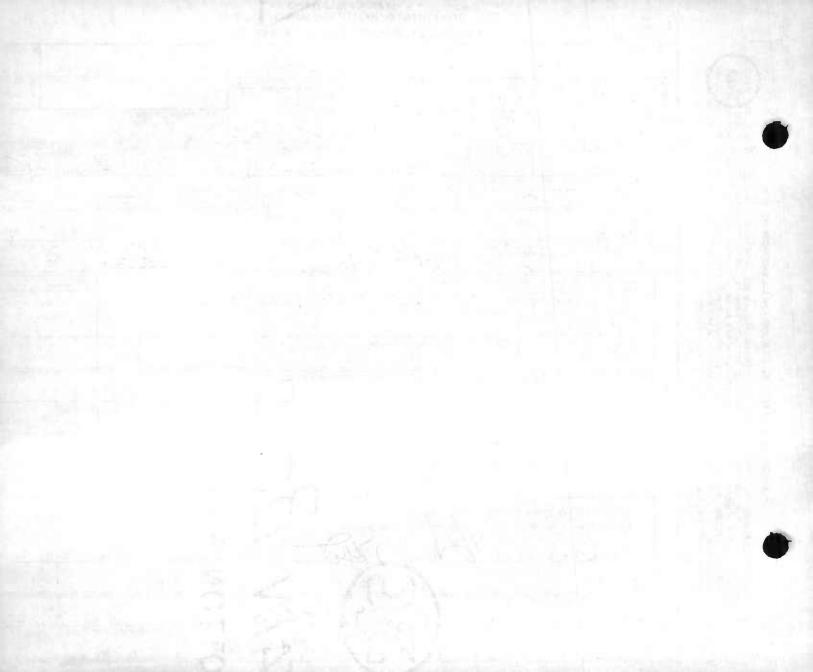
Part Sons 1505 Grant Felis Part Hope, Inc. 1509, 30120, Mg. JUL 11 854 January 19-20

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 2n DATE OF DEATH I. DECEASED NAME MONTH 2h HOUR LITYPE OR PRINTS **JERRY** 6:30 M T. . WILLIAMS 26, 1984 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX 48 YEAR Black Male 35 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) BALTIMORE CITY Va. IISA DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SLICH EACHITY GIVE STREET ADDRESS! LTYPE OF WORK FOR MOST OF WORKING LIFE! JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2205 Barclay 13a STATE 1136 COUNTY 13c CITY OF TOWN Md. 21218 St. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE FIRST MIDDLE Brooks Roberta Williams Edward F. ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Eugene F. Williams 4106 Norfolk Ave 216-48-0670 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH te CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY Spiratore IMMEDIATE CAUSE (D) and infarction Conditions, if ony, which gove rise to immediate couse (a), stating the romboembolic disease underlying couse 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from. sow the deceased alive on July-26 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death DEGREE 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22. ADDRESS 600 N 22d PHYSICIAN'S NAME (TYPE OF PRINT d b MPORTA Micheline McCarthu shoul 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Baltimore, 7/31/84 Burial Auburn Cem. 24 FUNERAL DIRECTOR who Davidson fragance DHMH - 16 50M 4/83 1101 E. March F/H North Ave (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN XX MONTH DAY 7b HOUR (TYPE OR PRINT) OF ESTI-Williams Ruth Ε. 7-24 19 84 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) 7:03 PRONOUNCED 1-9-DEAD 7-24 19 84 a. M 70. BIRTHALACE (STATE OR FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Baltimore City. IO CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS. OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Baltimore Parrish Street embroidayy Taclor USUA DENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CIDELIMITS 13e STREET ADDRESS 136 COUNTY NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH JRIAL - TRANSIT PERMIT ND MENTAL HYGIENE, D TION, OR REMOVAL PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION USED OF HE 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U YES [NO XX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PRIOR 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection XX 220 I certify that I took charge of the remains described above, held an Autapsy and in my opinian Natural causes X death resulted from Hamicide Undetermined manner 7-24-84 Assistant SIGNATURE EXAMINER'S NAME Dennis F 111 Penn St., Balto., Md. 21201 Smyth, (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 236-NAME OF CEMETERY OR CREMATORY STATE BP. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) 20M 4/82



FOR STATE REGISTRAR		DI	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		5. NO.	9 2	22
DECEASED NAME	FIRST	MIDDLE	į.	AST	20 DATE OF DEAT	MONTH DA	24	HOUR
	WILLI			LLIS		07-22	2-84	7:34 PM
SEX		RACE	5. DATE C		6 AGE (IN YEARS LAS			OURS MIN.
Male	W	hite	Jañ.	25 1909 YEAR	75	YRS		
BIRTHPLACE (STA	TE OR FOREIGN 7b	CITIZEN OF WHAT COL	JNTRY? 8 MARRIE	XX NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY O	FDEATH	
laryland	lt	ISA	WIDOWE	D DIVORCED	BALTIMO	DRE CIT	Y	MD
CITY OR TOWN OF	DEATH 11	NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUP		12b. KIND OF B	
BALTO	T			L HOSPTIAL	supervis	or	Board	of Ed.
USUAL RESIDENCE (#	NURSING HOME OF OTH	ER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRE	SS / 7IP CODE		
rar yrand	Balto.	130 01110	JK 10 VVIV	YES NO X	2608 Wen		d. 2123	4
4 FATHER'S NAME				15 MOTHER'S MAIDEN NA	ME			
William 1	Willis	DLE L	AST	Anna Einv	achter	l.E	LAST	
a WAS DECEASED	11 11 11	FORCES? 16b SOCI	AL SECURITY NO	17 INFORMANT		DRESS		
(YES, NO OR UNKNOW	WW2	AR OR DATES)	5 5416	family red	rede			
ves		A The V	7 110	Laminy rec	or us		APPROXIMA	E INTERVAL
PART I. DEA	TH WAS CALISED B	ne couse per line for (a) Y: AUSE (a) <i>CARILL</i>		57			BETWEEN ONS	ET AND DEATH
Conditions, if gove rise to couse (a), underlying	immediate stating the	DUE TO, OR AS A CO	C. SHOCK	FICILE INFEC	710N			
	SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVEN	IN PART To	
E PERIFHS	RAL VASCU	LAR OKEASE	ASSOMINA		PYSM WAKRE		MONITIS	5
S 190 DATE OF OF	PERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
PERIFHE 19a DATE OF OI 7-19- 21a ACCIDENT W.	- 84	PERMON	V 1715		YES NO[YES		NO 🗌
	CAUSE OF DEATH	POUR A.M. MON		21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T I OR PART ?)	
21d INJURY OC	CURRED OT WHILE	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY		211 LOCATION STREET	€ 11 Y €	DR TOWN	COUNTY	STATE
220 I certify the	at (I) (this hospital)	attended the deceased 7 - 3 2 ew the body after death	19 84 01	7-17, 19 99 and that in (my) (aur) opinion	death accurred on the	フーンシ 19 ne date and hour o	-/	it (I) (we) lost uses stated

22c DATE SIGNED

22b. SIGNATURE

23b. DATE

22e ADDRESS

Moreland Memorial

MEDICAL ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN

STATE

SCOTT

23e. BURIAL CREMATION, REMOVAL

KRASSON

201

DEGREE

E. UNIVERSITY PARKWAY 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

burial 24 FUNERAL DIRECTOR

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troumotic

18 shows

morked or Hem

MPORTANT: If Hem 21 is

/25/84

ADDRESS Evans Chapel of Memories 8800 Harford Road

Balto. JUL 2 7 1984

CITY OF TOWN

who Davidson Randall

County, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



MIDDLE

256 Robert St. Apt. D1 218=07-6343 Paulette Wilson 256 Robert St. Apt. Di APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 Months 4 Days Metastatic Carcinoma (Squamous Cell of Lung) Unknown PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE .19<u>84</u> and that in (**N**) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED HOUSESTAFF DIRECTOR PHYSICIAN c/o Maryland General Hospital Md . 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR IN TEGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) Wm C March F/H Inc. 1101 E North Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO 70 DATE OF DEATH MONTH

7h HOUR

176 KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

8:45PM

21217

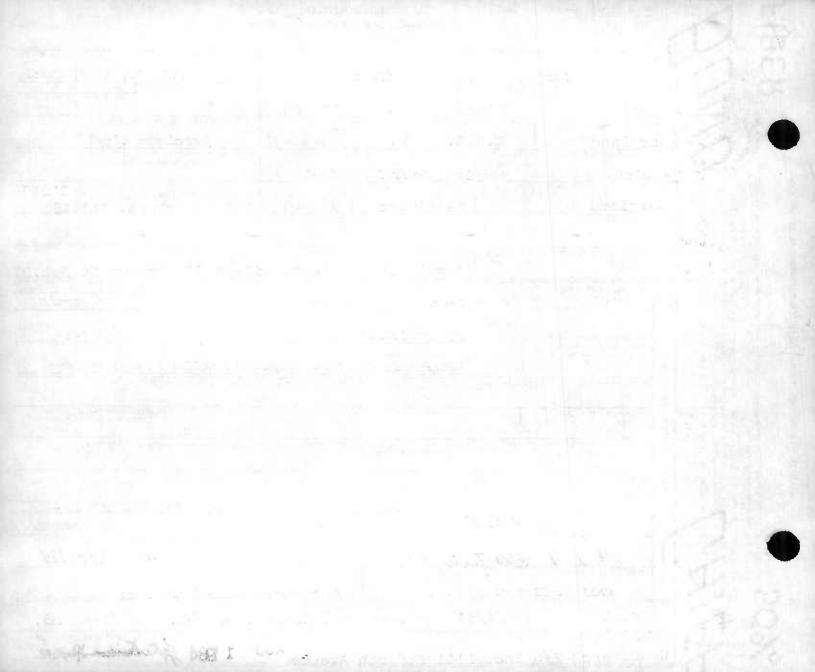
IF LINDER 24 MRS

FOR

I DECEASED NAME

REGISTRAR

- STATE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

Martin D.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item #16b Film #G594

8/2/84 jp

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Baltimore, Md

Dippel Funeral Homes, Inc. ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

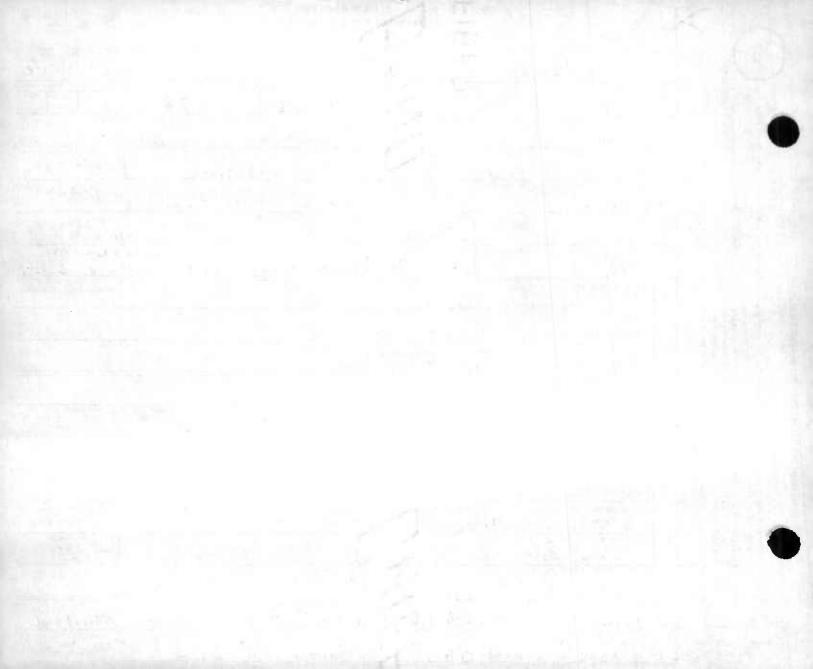
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DHMH - 16 50M 4/83

(VRA 15, 4)

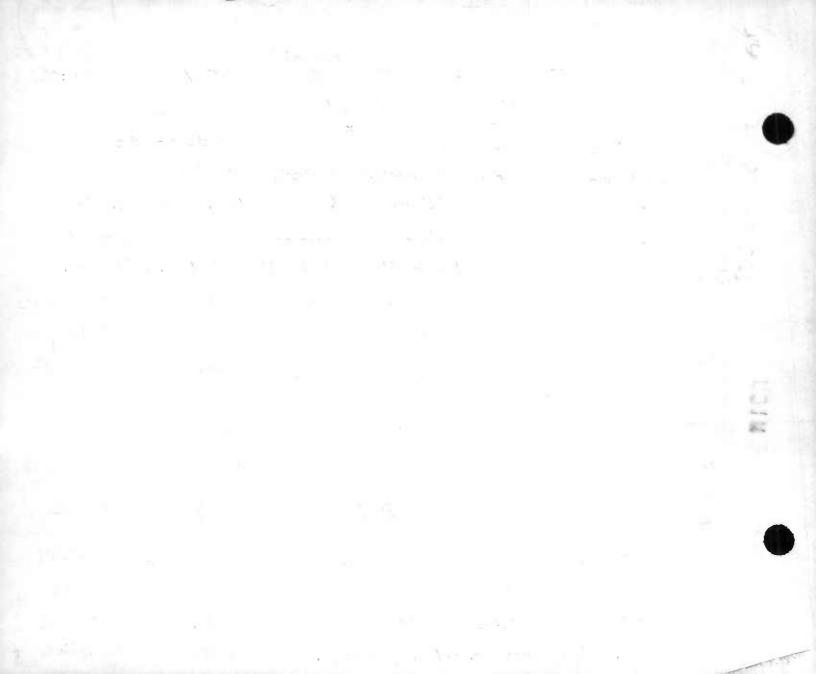




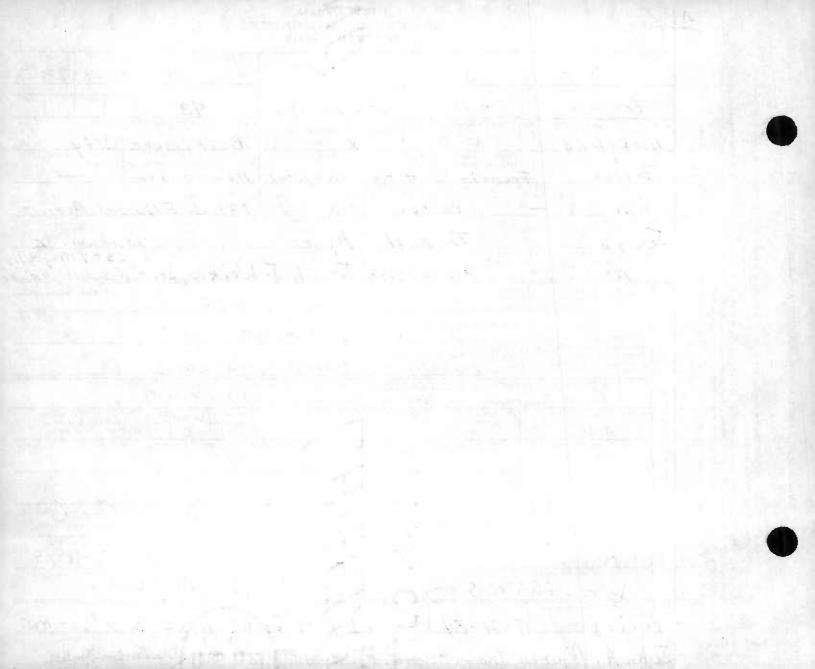
John M. Weber & Sons Inc. 401 5. Chester St.

(VRA 15, 4)

STATE OF MARYLAND



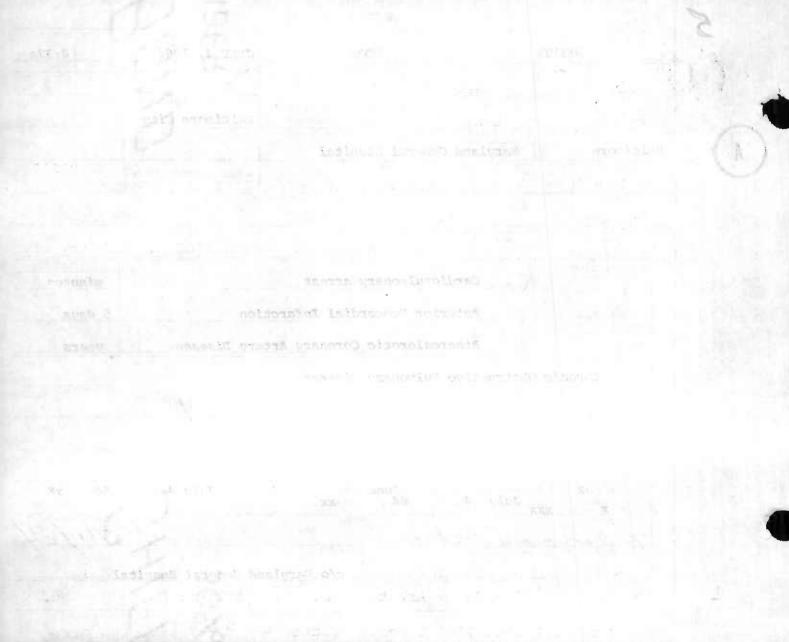
1		FOR	DEDA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	VOIENE H 45	19229
7	1.	STATE REGISTRAR	DET A	CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
may be , page 3 ter death		Theres		WOIKG	7	18 84 240PM
safter	3. SE	Female	white	5. DATE OF BIRTH MONTH DAY YEAR 3 - 24 - 1911	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.
. Pag	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BAITIMORE CITY OR COUN	
10 72 in 72		naxyland	US.B.	WIDOWED DIVORCED	Bastimor	e City MD.
onified State	10 C	Balto.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOME ME LE	
be di	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION		2/224
Par St	130	TATE 136. COUN	TY 136 CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	wood Avenue
nine.	14. F/	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN		YZAL
2°5 3500	1	osenh	Trib	VII Ranes		lankowitz_
Poges 1		VAS DE CEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SI	CURITY NO. 17. INFORMANT	ADDRESS	6.307 Magdolo
S. Poor		No	213-10	-3,50 Joseph -	· Worker St.	- Residule Mi
oper oper aval. nt, th		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line for (a), (b)	and (ci.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng ph panp remo			E CAUSE (a) CAVA	10-pulmonary	arresc	
o ar			DUE TO, OR AS A CONSE	OUENCE OF	into lunas	
nave		Conditions, if any, which gave rise to immediate	(b) (b)	rble aspiration	inio muys	
, crem ather		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	EL State 20 demention	contractures	
n plec burio ry, or		PART 2 OTHER SIGNIFICANT C		O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
to to	O N	Fever of u	nknown etiolo	gy although afobril	e at time of death	
prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY? Son 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
shows	T E	none			YES NOW	YES NO
Soto		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR TIE HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	IB. PART I OR PART 2)
priod-tr entol	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	•	
this he bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY
as t ith a iarke		AT WORK AT WORK		(1) (2)	4. 11	84 0
Hea is m		220.1 certify that (I) (this haspit saw the deceased alive on	- 110		on death accurred on the date and I	, 19
d fo d fo t. of m 21		obove, (I) (we) (did) (did not	view the bady after death.			
ERAL DIRI		Ander In	am to	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	7-18-84
should be de with the State		22d. PHYSICIAN'S NAME (TYPE OF	PRINTI PANCIS MTD	220. ADDRESS	Hosp I Ro Med.	Center
should b	22	I CHANGE FI	7 1 1 7	Dacin on	238 LOCATION	
		BURIAL, CREMATION, REMOVAL	23b. DATE 2	NAME OF CEMETERY OR CREMATOR	238. LOCATION CITY OR TOWN	Q COUNTY O STATE
>r	24 F	JNERAL DIRECTOR	11-4-04	Macrea Mean of Je	DATE REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE
- 16 50M 4/B2 RA 15, 4)	1	hame A. Mora	n Tac - 300	55 1- 1-		Varidson Randops



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



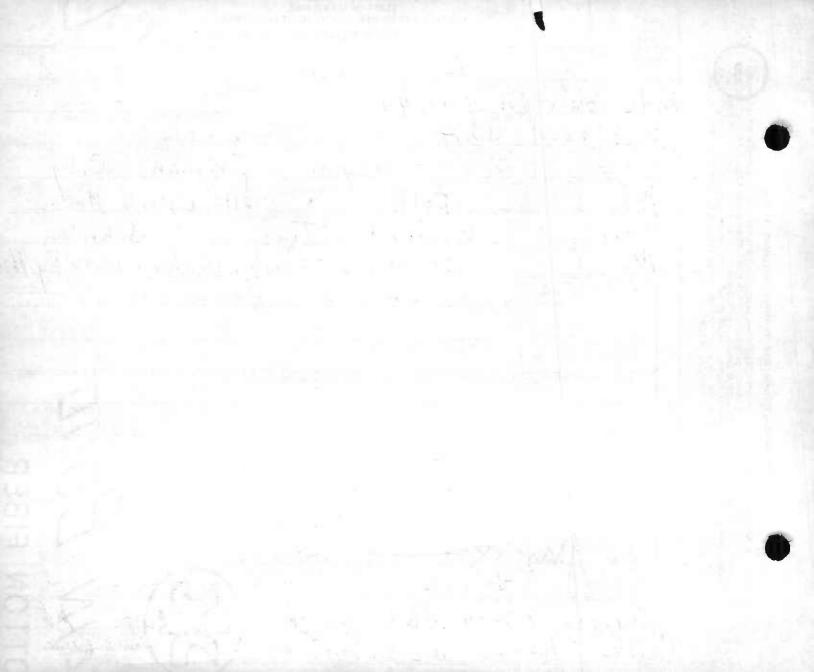
Add. Info. per B.C. 1/11/85 kam

(VRA 15, 4)

The state of the s the fille and the series of th The first of the second
	1			STATE OF MARYLAND		
2	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	19232
6-1		CEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 30
2		MAMMILE	E. M.	Wooden		12 84 2 AIM
ge 4 mo	3 SE	TELMALE	Black	5. DATE OF BIRTH MONTH DAY YEAR 7 1 04	6. AGE (IN YEARS LAST BIRTHDAY) YR:	MONTHS DAYS HOURS MIN.
h Po 2 hou 2 hou	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
deot funer funer funer	K	ockyA. N.C.	USA	WIDOWED DIVORCED	Dalto. City	MD,
by the illed with ille	-	Balto.	BON SECRET	HUS P. TA	(TYPE OF WORK FOR MOST OF WORKIN	
filled in could be f	USU 13c	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) WN 13d INSIDE CITY LIMITS: YES X NO \(\bigcap \)	130 STREET ADDRESS / ZIP CO	DDE , 21223
within 3	14 E	ATHER'S NAME	Dali	15. MOTHER'S MAIDEN		Ng ION
D G S		George	MIDDLE BUS	L ANNIE	WIDDLE	Bush
a co		VAS DECEASED (VER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES) 16b SOCIAL SEC. 213 - 15	8-1459 Solis Day	ADDRESS ADDRESS	rick Are.
77 0 %		18 CALISE OF DEATH (Enter of	only one couse per line for military	de la	N WOOF IFCO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
= 4000		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (o)	notomo		We will a value of the second
ding orbo or re		(Market)	DUE TO, OR AS A CONSEQU	ENCE OF		
he deoth ce he ottendin emove corb motion, or r r troumotic		Conditions, if ony, which	(b)			
or the		gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOL	JENCE OF		
TO 0 0		PART 24 OTHER SIGNIFICANT	(c)	DEATH OUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
op op op	NO N	upper s	Kover II	Oleelin V	91	
he low re on. hos been t permit. I ene prior	CERTIFICATION	196 DATE OF PATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
NN: The lo hysicion. icote hos ronsit per Hygiene j 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	TS PART I OR PART 2)
ding physicians certifico buriol-tror Mentol Hy	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
OING PHYSIC or ottending After this cer e os the burio olth and Ment marked or Ner	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NOIN Se or of Teolth	5		oital) attended the deceased from.	7/11/84 11	- 10 1/12	that (It (we) lost
TTE Director	10	saw the deceosed olive o obove, (1) (we) (did n	n 19 19 19 19 19 19 19 19 19 19 19 19 19	ond that in (my) (our) opini	ion death occurred in the date and	hour and from the causes stated
TAL OR ATT yy the hospi yy the hospi RAL DIRECT detoched for tote Dept. of them 2	15	22b. SIGNATURE	estan-	DEGREE ATTENDING		7/13/PU
SPITAL I by t NERAL be det I ANT:	1	228 PHYSICIAN'S NAME (TYPE	OR PRINT) V	220 ADDRESS	Ot - 14 A	- dv
TO HOSPITAL Cretoined by the TO FUNERAL D should be detected with the Stote D IMPORTANT: If	L	JUAN F	BELTRAN	1940 W.	BALTIMORE	J BALTO 2122
BP	736.	BURIAL, CREMATION, REMOVA (SPECIFY)	236 DATE 236	NAME OF CEMETERY OR CREMATOR	Balto	COUNTY MILE
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	1 1 ADDRESS		DATE REC'D. BY REGISTRAR 256. REC	1 VO
(VRA 15, 4)	14	Im. C. Brown	Comm. F//+ 15	206-1205 W. NORTH J	UL 20 1984 Jane	veridon-fondado

ALL ALCINES AND THE OF THE WAR SERVICE ASSET TO FEMALES. Control of the contro and the second control of the second control of the second

1	FOR	DEDADTALE	STATE OF MARYLAND NT OF HEALTH AND MENTAL	HYCIENE	
1-	STATE REGISTRAR		AMINER'S CERTIFICATE	I to the	9 6 3 3
	CEASED NAME THIS?	WIGOR	LAST	20 DATE KNOWN W MG	ONTH DAY YEAR 25 HOUR
- 1779	JOHN	1.	WOODARD	OF ESTI-	7 2 19 84 M
1.SE	Table 1 and	DATE OF BIRTH B. A		R 24 HRS. 2t. DATE MO	NTH DAY YEAR 2d HOUR 11:40
n	ale black	Oct 23 43	40 RS. 100 RS	DEAD	7 2 1984 am
74.8	SON COUNTRY AND	IN CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAR		
11	out ma.	U.J. H	WIDOWED DIVOR	DEED Baltimore C	
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET University Ho	ADDRESS)	FORMOST OF WORKING LIFE) LIKEMAN	OR INDUSTRY
USU	AL PESIDENCE (IF IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIMINCE BEFOR	RE ADMISSION)		21217
138.	136. COUNTY	Da	YES NO E	212 WAR	Ave.
14. F	NER'S NAME	MIDDLE LAT	15 MOTHER'S MAIL	DEN NAME MIDDLE	- T IAU
	Uscar	Woods	and Ine-	0	hhoon
isa.	RUNKHOWN) (IF YES, GIVE W		38 - 8382 8 Carr	ADDRESS	1130115 He
_	In cause of prayities	1211-	7 0 2001	14 h Woodayra	APPROXIMATE VIERVAL
	PART I DEATH WAS CAUSED I			complications (ha	BETWEEN ONSE AND DEATH
	IMMEDIATE	DUE TO, OR AS A CONSEO		COMPTICACIONS (NA	maquii)
	Canditians, if any, which gave rise to immediate	(b)			
	cause (a) stating the under-	DUE TO, OR AS A CONSEO	UENCE OF		
	lying cause last.	(c)			
7	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN I	ART 1 (a)	22000
10	190 DATE OF OPERATION	TIPL CONDITION FOR WHI	CH OPERATION WAS PERFORMED?		20 AUTOPSY?
F					YES X NO
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY		ED JENTER NATURE OF INJURY IN ITEM 18 PART 1	
	UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR AND MONTH DA	y YEAR Subject was	shot.	
MEDICAL	214 INITIES OCCUPSED	21e PLACE OF INJURY (AI STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
*	WHILE NOT WHILE AT WORK	street		North Ave., Balto	
		of the remains described above, h	ctro.		my apinion
	death resulted from: Natural	causes , Accident	[T	Undetermined manner .	N. 1.
1	ACTUAL MAG	Atra	TITLE (SPECIFY)		NATE - D. O. O. A.
X	SIGNATURE	740	M.D. Assista	nt_medical examiner S	DATE 7-3-34
	EXAMINER'S NAME Ann	4. Dixon, M.D.	ADDRESS 111	Penn St., Balto.,	Md. 21201
23e. l	SUKTA), CREMATION, REMOVAL 236		E OF CEMETERY OR CREMATOR)	23d LOCATION CHYORTOWN	. 1
	(Burial)	1-7-84 Ark	ntas Men PK	CITY OR TOWN	COUNTY
247	UNERAL DIRECTOR	ADDRESS	0669-11738 250. DATI	REC'D BY REGISTRAR 176 REGISTRA	AR'S SIGNATURE
1	arlon (Dou	-9/2W /0/2	Jenn. Ane JUI	3 1984 Julia Davi	idson-Mandalle
_					

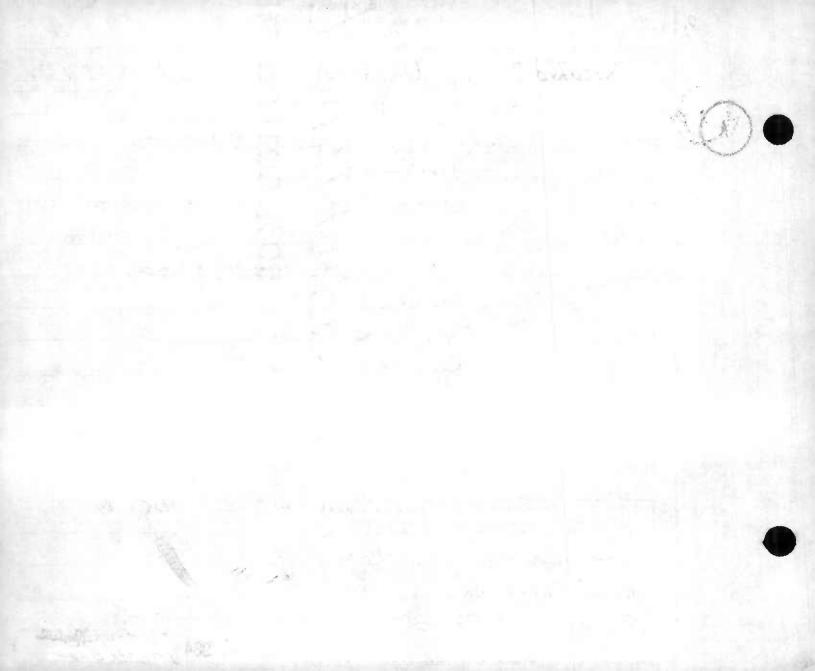


DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.	2 0 4	
1. DECEASED NAME (TYPE OR PRINT)	AKIA	(Wood	Woodward	20 DATE OF DEATH	7 25 84	26 HOUR 1 32 0 N	
3 SEX	4 RACE	5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YE		
Female	Black	12			YRS. 6	TS HOURS MIN.	
TO BIRTHPLACE STATE OR FOREIG	N 76 CITIZEN OF WHAT	COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH		
Maryland	U.S.A.	WIDOW		Baltimore	City.	MD	
10 CITY OR TOWN OF DEATH		TAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KINE	D OF BUSINESS OR	
Baltimore	V	ident Hospi	tal	(TIPE OF WORK FOR MOST	JF WORKING (IFE) INDUSTI	KT	
USUAL RESIDENCE HE NURSING	OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland	130.0	altimore	YES X NO		terstown Ro	oad 21215	
14 FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	CCL D COMIT XC	CC ELEIC	
Roland	WIDDLE	dward	Bobbie	WIDDLE	Clif	ton	
160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b S	OCIAL SECURITY NO.	17 INFORMANT	ADDR			
(18 Y	ES, GIVE WAR OR DATES)	N/A	Bobbie Clift	on 3906 Rei	sterstown E	Deo(
	ter only one cause per line fo		IIVOOTE CITIC	OII 3200 NEI		OXIMATE INTERVAL EN ONSET AND DEATH	
PART 2. OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	ANT CONDITIONS <u>CONTRI</u>	BUTING TO DEATH BU		200 AUTOPSY?	DINGS USED		
III				YES NO	YES [YING CAUSES OF DEATH?	
OR CONTRIBUTING _ CAUSE	OF DEATH HOUR A.M.	JRY MONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	7)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN.	JURY CTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OF TO	OWN COUNTY	STATE	
saw the deceased ali	haspital) attended the dece ve an lid nat) view the body after (19	7/25, 19 84 and that in (my) (our) opinion	death accurred on the d	ote and hour and from t	, that (I) (we) last the causes stated	
27b. SIGNATURE	Derivers,	dr. n	DEGREE 7. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				
William (QUIVERS, SR.		22e ADDRESS				
230 BURIAL, CREMATION, REMO	7/28/84		CEMETERY OR CREMATORY Hill Cemetery	Anne Arun	idel Co, county	Md LATE	
24 FUNERAL DIRECTOR William C March	F/H Inc. 11	01 E North	Avenue JU		250 REGIS MARSSIGN	Alandall	

William C March F/H Inc. 1101 E North Avenue

DHMH - 16 50M 1/81 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs off

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERT	FICATE	OF DEATH		0	REG. NO).		(
		OR PRINT	FIRST		MIDDLE		LAST		20.	DATE OF DI	EATH	MONTH	DAY	YEAR	26 HO	2
	11.00	ON TRIPATI	MARY		В.	WO	OLM	ER				7	10	84	10	AM
	3. SE)	(4 RACE		5 DATE	OF BIRTH	AY YEAR	6. A	GE IN YEAR	S LAST BIRT	HDAY)	MONTHS	DAYS	IF UNDER	24 HRS
	-	Female		White	е	Feb	-	1902	()	82		YRS.				
Ä		RTHPLACE (STATE	TE OR FOREIGN	Th CITIZEN OF	WHAT COUN	ITRY? 8	IED NE	VER MARRIED	9. B	ALTIMORE	CITY O	COUNT	TY OF D	EATH		
		Marylan	nd	US.	A		VED K	DIVORCED		Balt	imo	re C	Ditv			MD.
7	10. CI	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NI	URSING HOME	OR OTHER	INSTITUTION		USUAL OC				. KIND O DUSTRY	FBUSIN	ESS OR
2		Baltimo	pre	Good	Samar	ritan -	lospit	al	, , ,	Hom				Own	Hor	me
5		AL RESIDENCE (IF	13b COUN		13. CITY OR	BEFORE ADMISSION TOWN imore		DE CITY LIMITS		STREET ADI				o Di	24/24	010
	14. F.A	THER'S NAME			Dair	inore	-	HER'S MAIDEN		219 [- • , !	401-F	ner	I FR	wy.	212
Y		Elmei		AIDDLE	LAS			Jenni		٨	AIDDLE	(1	Inler	LAST		
1	16a V	VAS DECEASED E		AED FORCES?	Loyn:	SECURITY NO.	17 INFO		le		ADDRE		JIIKI	nown		
		NO OR UNKNOW		WAR OR DATES)		3 5645	Ma		Bou	chet,			Sa	me		
		18 CAUSE OF D	DEATH (Enter onli TH WAS CAUSED	y ane couse pe	1 / 4 /		24	P. h.	110	1-	7		F	BETWEEN	MATE INTE	RVAL DEATH
			IMMEDIAT		0-00	newel	000	nous	ua	wh			\rightarrow		5 "	
	Conditions, if any which (Chamber Consequence of Rear Soules								Para	0		118	are	-		
		Conditions, if gove rise to	immediate	Christin	ic Caren	g cour	ue .	L	7	2		F		7	_	
		cause (a), s		DUE TO, C	R AS A CONS	SEQUENCE OF	c 6	Bru	SU A	FAUT	ull	all	un	1		
1		DART 2 OTHER	SIGNIFICANT C	(c)	ONTRIBUTING	TO DEATH BI	IT NIOT DEL	ATED TO THE I	TERMINIA	DISEASE	D.C.O.N.	DITION C	D/FN: IN	DAD1 1		
	Z	PART 2 OTHER	SIGNIFICANIC	ONDITIONS C	OlatkiBOTilac	3 TO DEATH BO	JI NOT KEE	ATED TO THE T	IEKMINA	L DISEASE C	VK COINE	JIION	MAEIA IIA	PART HO)	
1	CERTIFICATION	19a DATE OF OF	PERATION	196 COND	ITION FOR W	HICH OPERATI	ON WAS P	ERFORMED		700 AUTOPS	Y?			RE FINDIN		
	IFIC									YES [] N	101		TIFYING YES []	CAUSES	OF DEA	
7.	ERT	21a. ACCIDENT WA	S UNDERLYING	21b TIME C			21c HO	W INJURY OC				1		R PART 2)		_
1			CAUSE OF DEA	141	.M. MONTH											
	MEDICAL	21d INJURY OC	MEDICAL EXAMINER)		.M. OF INJURY	19		ATION								
	ME	WHILE N	OT WHILE	(AT HOME, ST	REET, FACTORY, O	FFICE_FARM, ETC.)		STREET			ITY OR TO	NN	C	OUNTY	1	STATE
			this hospit	al) attended ti	ne decensed f	ram	7/	10 10 8	4	to i	7/10		10	14	that (IA	wallnet
			ve) (did) (did not	20	4	GH	and that in	(m() (our) opin	nion deat	h accurred a	n the do	te and h	our and	from the	couses st	oted
		22b. SIGNATURI) view the bady	after death.		DEGREE						2	2c. DATE	SIGNED	/ _
1		1	1. X/a	il W	L Stol	ん、る	(M).	ATTENDIN PHYSICIA	NG P D	EDICAL IRECTOR [STAF	F IAN		4/	10/	84
		22d. PHYSICIAN	'S NAME (TYPE OF	PRINT)			22e AD	DRESS		1	, r)		D/	0	10:
			5. G1	412	WI.	LSON	MID	. 56	01	Local	h K	and	M 1	Blood	1 2	120
		SURIAL, CREMAT	ION, REMOVAL	236. DATE		23¢ NAME OF	CEMETERY	OR CREMATO	ORY	23d. LOCATH			COU	NIY		STATE
		Burial		7/13	/84	New	Cathe			Ba	lto.	,		Λ	1D	
	24 FU	INERAL DIRECTO	R Henry	/ W	Jenkins	& So	ns Co	250	DATE RE	C'D BY REG	ISTRAR	256 RE@1	STRARS	6IGNAT	URE	

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

4905 York Road Balto., MD

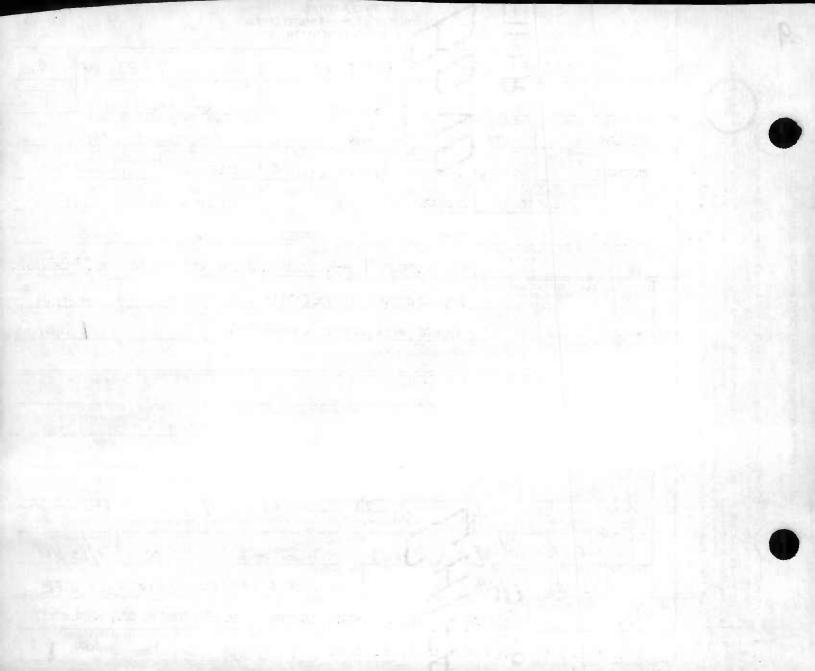
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



6010 REISTERSTOWN RD. BALTO., MD

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215

REG. NO.

26 HOUR

126 KIND OF BUSINESS OR

RETAIL

NO [

STATE

COUNTY

22c DATE SIGNED

COUNTYMARYLANDE

IF UNDER I YEAR

1120

IF LINDER 24 HR

HARRY APPRAINSTLOW # T/Y BY 424 PALTINUE TONIN OF MIT GROWET STONE MD BANCT BALT K THIS YORK RD 21313 JUSEPH N. YANKELLEN MARY GOLDEEKS 214-01-5/10 BLEN YANKELLOW THO YOKKED ARSPECIALD ENTOTENERON & CARDO FYAST, LE LLANCE CE PIREZ BUBISZÓ PEUR ERUSIA O 68 1/2 48 0 4/12 1/2 CHICK SHEEK AND SE TOWN CES SCHIEL SE SHEEK SHEEK STATES and a second of the

		FOR STATE REGISTRAR	YIANN		11	ARTMENT OF HI	CATE OF D	MENTAL HYG	0	REG. NO	19	2 3 8
24		OR PRINT)	JAME!		MIDDLE	Y	ANNA	Ki 5	20 DATE OF DI	ATH MONIH	23 84	6:50CM
(A	3. SE)	MAle		4. RACE		S. DATE O	F BIRTH	YEAR 24	6. AGE (IN YEAR	S LAST BIRTHOAY)	MONTHS DATS	
123	, ,	BRURG	nna.	76. CITIZEN OF	A	MARRIED		VORCED [BA	CITY OR COUN	CITY	MD.
多	J	BaHo.		Willy	SHO OF	MD Hos		ILTUTION IK-TRALUMA	TYPE OF WORK FO	CUPATION PROST OF WORKING	Emp.	OF BUSINESS OR
第5	13a. S	TATE	1136 COUN	TY Kent	13c CITY OR 1	rown erton	134 INSIDE C	NO 4		DRESS / ZIP CO	7	21610
140	IA FA	THER'S NAME FRST Jame		MIDDLE	Yianna	akis	Sac	s maiden nam die Pa	A	AIDDLE	LA	AST
Poper Color		YES		MED FORCES? E WAR OR DATES)		1015	Flore		. Yian	nakis	216	
removal.		18. CAUSE OF DE PART I. DEATH	WAS CAUSE	ly ane cause per D BY: E CAUSE (a)		diopul	loners.	any	Are	of	APPRO BETWEEN	XWATE INTERVAL ONSET AND DEATH
al, cremation, ar r other traumoti		Canditions, if a gave rise to cause (a), ste underlying co	immediate ating the	(b)_	OR AS A CONSI	trace	elsio		rlood)		
npury, o	NOI	PART 2 OTHER S	IGNIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDITION	GIVEN IN PART 1	10
1	CERTIFICAT	19a DATE OF OPE	RATION	196 COND	ITION FOR WI	HICH OPERATION	WAS PERFO	RMED	200 AUTOPS		YES, WERE FIND RTIFYING CAUSE YES []	
9	175	71a. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEA	in .		DAY YEAR	21¢ HOW IN	IJURY OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART 2)	
and of	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATIO STREET	NO	(ITY OR FOWN	COUNTY	STATE
21 is ma		22a.1 certify that saw the deci	eased alive an				d that in (my)	, 19_84 (aur) opinian o	, to death occurred o	on the date and	hour and from the	, that (I) (we) last e causes stated
ote Dept.		27% SIGNATURE	· Fore	bul	/	-		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [2]	7/	Z3/84
PORTAN		224 PHYSICIAN'S	HAME (TYPE O	e PRINT)	deck		22e ADDRES	SMI	EMS:	5		
1 3		URIAL, CREMATIC SPECEY)	ON, REMOVAL	7/26/		236 NAME OF C			ry St		nd, Md	STATE

Chestertown, Md

DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer deal. Age 4 may be nottending physician.	After this certificate has been signed by the ottending physician and comparely tilled in by the tuneral district page 3 and 3 should be tilled within 72 hours after death
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DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN: The offending physicion.	riol-tr
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

l	FOR STATE REGISTRAR	D	DEPARTMENT OF H	EALTH AND M		REG. NO.	9 %	4 0	
ľ	1. DECEASED NAME FIRST	MIDDLE	ī	AST .		20 DATE OF DEATH MON	26 H/QU	R	
Ì	(TYPE OR PRINT) HELEN		ZI	EGLER		07	24 984	+ 7	a M
Ì	3 SEX	4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY		AR IF UNDER	
Į	FEMALE	WHITE	menth	17	VFAR 08	76	YRS MONTHS DA		AA IN.
I	70 BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE	D NEVER M	ARRIED -	BALTIMORE CITY OR CO	DUNTY OF DEATH		
1	Maryland	U.S.A.	WIDOWE		ORCED	Baltimo	ore City		MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTI	TUTION	120 USUAL OCCUPATION	12b. KIN	o of Busine	SSOR
1	Baltimore	St. Agnes				School Teach	er Publ	ic Sch	ools
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUR Maryland	NTY 13c CITY	OR TOWN	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS / ZIR	CODE	21230	
ł	14 FATHER'S NAME	Dai	LCIMOTE	YES XX			. Deleet	21230	
1	Joseph		Stewart	F	isy	May	7	TAST	
Ī	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMAN	IT	ADDRESS			
l	(YES, NO OR UNKNOWN) (IF YES, GIV	215	5-12-8193	Judith A. Flemister 4730 Gawain Dr, 2					043
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ice PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Resonation Failure							CONTRACTE INTER	DEATH .
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CO	one Ob.	hneli	ve Pur	Immary Des	case 10	1 yea	<u>10</u>
l	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED T	O THE TERM	IN AL DISEASE OR CONDITIO	ON GIVEN IN PART	Tro	
1	190 DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY? 200 AF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO NO			
1		ATH HOUR A.M. MON	NTH DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART	7)	
	ON CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY				(ITY OR TOWN	COLINIA	S	TATE
l	22a. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (del	23. Tul	10 84	nd that in (my)	, 19 Some opinion of	to 24 Jule death occurred on the date of	19 8 7	that (I) (s	er lost
	22b SIGNATURE								
	22d PHYSICIAN'S NAME (TYPE O	K. GAZLAGE	ERJRMO	3455		ENS AVE B	BALTO	MD 2.	1229
1	230. BURIAL, CREMATION, REMOVAL		731 NAME OF C			23d LOCATION CITY OR TOWN	COUNTY	5	TATE
	Burial	7/27/84		ven Mem		Glen Burnie	e AA	Md.	
1	24 FUNERAL DIRECTOR		21	229	25a DAJ1	REC'D BY REGISTRANTISM	REGISTRARSSIGN	MATURE	

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74 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

